causes

WRITE

PLEASE TYPE

37) - FT OR age

correct

e _o ,		F	11 A D P ()
MARYLAND STATE DEPARTMEN	T OF HEALTH-	BALTIMORE, 1	18 01878
1. 1916 CERTIFICATI	E OF DEAT	H Reg.	Dist. No. 215
1. PLACE OF DEATH:	2. USUAL RESIDEN	ICE (HOME) OF DECE	ASED:
county Montgomery MARYLAND	STATE North	Carolinanty	
CITY (If outside corporate limits write RIRAL) I SUCTH OF CTAY	CITY(If outside co		AL and give nearest town)
OR and give nearest town) (in this place) Town Bethesda Rural (in this place)	TOWN Cherry	Point	70× 8
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET	t E-6 (Marine	W.
	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Linnea Annette A	KERLEY	DEATH: Febru	ary 6 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. WIDOWED, DIVORCED, WIDOWED, DIVORCED, (Specify): Married 7-26		AGE last birthday IF UND.  Month	ER 1 YEAR IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (St	ate or foreign country) :	12. CITIZEN OF WHAT
work done during most of working life, even if retired) Housewife Housewife	Iowa		US
13. FATHER'S NAME:	14. MOTHER'S MAI	DEN NAME:	
Ben AHLLBERG	Rose O. J	OHNSON	
(Yes-po, or unk.) (If Yes, give yar or dates of service) 42 to 47 Unknown	Husband Capt Same as abor	ADDRESS: William K. AKI e	ERLEY USMC
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	Melanon Willogread	nolpstases	4 bys
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	Y		20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?		County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY M. While at work at work			
22. I hereby certify that I attended the deceased from 2 Fel	1956, to 6 Fe	eb 1956, that I	last saw the deceased
alive on 6 Feb 1956, and that death occurred at	4:20PM, from the	causes and on the de	ate stated above. DATE SIGNED
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY	LOCATION (City, tow	n, or county) (State)
Burial 9 Feb 1956 Arlington Na	ational Cemeter	ry, Arlington,	Virginia
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 7 Feb 1956  May 6. Familly	24R FUNER Pump	Firey Funeral Honsin Avenue, Be	OME ADDRESS
	TATE WAR		

BUREAU V. S.

FEB 14 1956

BECEINED

correct age is especially important. Physicians: plemen write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U1879

104	W CITY	RTIFICA	TOTA A	OT	A STCT	era Ta
191	7 CLI	VIIIIOE	TITLE !	U.F	DLA	

Reg. Dist. No. 2 16

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Montgomery MARYLAND	state Georgia county Terrell	
CITY (If outside corporate limits, write RURAL OR and give nearest town)  X TOWN Kensington	CITY(If outside corporate limits, write RURAL and give nearest to OR TOWN DAWSON	own)
HOSPITAL OR CATTOLL Hall Rest Home	STREET (If rural give location) ADDRESS Johnson St.	
DECEASED.	(Last) 4. DATE (Month) (Day) (Year)	
(Type or Print) ADA TURNER	ALLEN DEATH: Feb. 25 19 5	6
Female White (Specify): Widowed Oct.	9. AGE last birthday IF UNDER I YEAR IF UNDER 24 P 1877 78 yrs. Months Days Hours I	Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): HOUSEWITE HOUSEWORK	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF W COUNTRY? GOORGIA	HAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME;	
Thomas C. Turner	Elmira Mason	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Ernest M. Allen	
(Yes, no, or unk.) (If Yes, give war or dates None	8507 Hazelwood Dr. Bethesda, Md.	
DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	betes mellitus 2 year	2
D 194. DATE OF OPERATION:	ZO. AUTOPS	Y?
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,		)
OF INJURY  OF INJURY  OF INJURY  M.   21E INJURY OCCURRED While   Not while   at work   at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Ash	1, 1953, to 7 26 15, 1956, that I last saw the decer	ased
alive on 7eb 24, 1956, and that death occurred at SIGNATURE	5 A.M. from the causes and on the date stated above.  ADDRESS  DATE SIGNED	. /
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY   LOCATION (City, town, or county) (S	state)
Burial-Transit 2-25-56 Dawson Cer	netery Terrell Co. Ga	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	



EEB 28 1956

BECEINED

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01880

## 1918 CERTIFICATE OF DEATH

Reg. Dist. No. 214

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D			
	COUNTY MONTGOMERY MARYLAND	STATE MARYLAND COUNTY MONTG	CMERY			
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest lown) (In this place)	CITY (If outside corporete limits, write RURAL and give nearest town)				
5%	TOWN SILVER SPRING	TOWN SILVER SPRING	5%			
10	HOSPITAL OR INSTITUTION OR STREET ADDRESS 807 SILVER SPRING AVENUE	STREET (If rural give location) ADDRESS 807 SILVER SPRING AV	ENUE			
	3. NAME OF (First) (Middle)  DECEASED (Type or Print) ARTHUR PARNELL	(Last) 4. DATE (Month) OF DEATH FEB.	(Day) (Year) 22 19 56			
	MALE WATE (Specify) WI DOWED JUNE 1	27 BIRTH 29. AGE last birthday 39. 1896 39. yrs. Months	Days Hours   Min.			
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY relired) AUTO SALESMAN — RETIRED	PEN ARGYLE, PENNSYLVANIA	COUNTRY?			
	JOHN ALLEN	14. MOTHER'S MAIDEN NAME MARY ARTHUR				
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yos, no of unk.) (If Yos, give wer or detas of service)	MR. PARNELL EDGAR ALLEN, 80'	7 Silver Sprin			
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Silver Spring,	ONSET AND DEATH			
		IROMBOSIS	2 Hie			
	ANTECEDENT CAUSEISI DUE TO					
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO					
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	White Serve	10 mg.			
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  P	er (History)	2 yes			
1	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	3/	20. AUTOPSY?			
0	21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, factory,	Zic. WHERE DID INJURY OCCUR? (City or town) (Coun	YES NO			
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (Coun	ity) (State)			
	21d. TIME OF INJURY (Month) [Dey) (Yaer) (Hour) 21s. INJURY OCCURRED While Not while et work	21. HOW DID INJURY OCCUR?				
	22. I hereby certify that I attended the deceased from 20 Feb	1, 1956, to 22 Feb., 1956, that 1	last saw the deceased			
		510 AM, from the causes and on the date state	d above.			
35 10M	SIGNATURE L. B. Snow M.D.	70/3 Flom ADDRESS (Street, city, town, state) Silver Spring Md	22 F2 6- 1956			
A15C 1-55	23. BURIAL, CREMATION, REMOVAL (SPECIFY) TRANS. & BURIAL, 2/22/56 BELFAST UNIC	73 4 8 22	thampton Co.,			
٧S	24. REC'D BY REGISTRARY DATE 7/27/56 REGISTRAR'S SIGNATURE Coller	25, FUNERAL DIRECTOR'S SIGNATURE 8434 Ger	ADDRESS Ave. orgia Ave. ring. Md.			
			the same			

### HTASK TO STADISTRIO

USSELL

RUREAU V. S.

3551 46 83d

The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYSI

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 1919 CERTIFICATE OF DEATH

01881

				2. USUAL RESID	PENCE (HOME) OF	DECEASE	D	
COUNTY MONTG	OMERY	MARYLA	AND	STATE D.C.	COUNT	Y		
CITY (If outside corporete OR end give nearest to	limits, write RURAL	I LENGTH OF	STAY	CITY (If outside co	orporate limits, write RURA		rest town)	
	R SPRING	in this play	S.	TOWN WASH	HINGTON			- X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 941	O SEMINOLE STR	EET .		STREET ADDRESS 1310	BELMONT ST	give location) REET, 1	V.W.	1
3. NAME OF DECEASED	(First)	(Middle)		(Lest)	4. DATE (A	Aonth)	(Day)	(Yeer)
(Type or Print)	ZZIE EL	BERTA	A	NDERSON	DEATH	FEB.	11	10 56
S. SEX 6. COLOR	OR 7. SINGLE, MARRI	ED,	8. DATE	OF BIRTH	9. AGE lest birthdey	IF UNDER	1 YEAR	IF UNDER 24 HR
FEMALE WHIT	E WIDOWED DIV	DOWED	JULY	22, 1862	93 yr	Months s.	Days	Hours Min.
Oe. USUAL OCCUPATION (Given done during most of working		D OF BUSINESS	,	11. BIRTHPLACE (State or f	loreign country)	12		N OF WHAT
retired) HOMEMAKE	R - RETIRED	ONN HOM	E	MONTGOMERY C	COUNTY. MD.		U.S.	
3. FATHER'S NAME				14. MOTHER'S MAID		1		
GREENBURY ROM	ZEE			THOMAZINE	MATILDA LEW	IS		
IS. WAS DECEASED EVER IN I		. SOCIAL SECU	JRITY NO.	17. INFORMANT	& ADDRESS	- 111		
(Yes, no, or unk.) (If Yes, glv	war or dates of service)	NONE		MRS. WM.	H. ABBOTT,		SINC	LE ST.
MATERIAL CAL	ISE (A) / CED OC	enem	es lo	ses			5	yes
ANTECEDENT CAL DISEASES OR CONDITIONS, I GIVING RISE TO THE ABOVE STATING UNDERLYING CAUS	LAST. DUE TO	inema	en to	rectum			10	ys ys
ANTECEDENT CAL DISEASES OR CONDITIONS, I GIVING RISE TO THE ABOVE STATING UNDERLYING CAUS ET OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL	E LAST. DUE TO (C) IONS CONTRIBUTING ATED TO THE	inoma	2011	rectum			10	ys
ANTECEDENT CAL DISEASES OR CONDITIONS, I GIVING RISE TO THE ABOVE STATING UNDERLYING CAUS ET OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAI 190. DATE OF OPERATION	IC) IONS CONTRIBUTING ATED TO THE USING DEATH.  19b. MAJOR FINDINGS		1	rectum			20 YES	yrs  yrs  AUTOPSY?  NO  4
ANTECEDENT CAU DISEASES OR CONDITIONS, I GIVING RISE TO THE ABOVE STATING UNDERLYING CAUS ET OTHER SENTENCE TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAU  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING IT CAUSE O OR CONTRIBUTING IT CAUSE O OR FETHER, NOTIFY MEDICAL EXA	CONTRIBUTING ATED TO THE JSING DEATH.  19b. MAJOR FINDINGS  (ING   21b. PLACE (Home FDEATH   OF INJURY street, c.	OF OPERATION		rections 21c. WHERE DID INJURY OC	CCUR7 (City or town)	(Соил	YES	
ANTECEDENT CAU DISEASES OR CONDITIONS, I GIVING RISE TO THE ABOVE STATING UNDERLYING CAUS  11 OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAI 190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING  CAUSE CAUS	CONTRIBUTING ATED TO THE JSING DEATH.  19b. MAJOR FINDINGS  (ING   21b. PLACE (Home FDEATH   OF INJURY street, c.	OF OPERATION  ), form, fectory  office bldg., etc.,  INJURY OCCUI	rred while			(Соил	YES	NO Z
ANTECEDENT CAU DISEASES OR CONDITIONS, I GIVING RISE TO THE ABOVE STATING UNDERLYING CAUS  11 OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAI 190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXA 21d. TIME OF INJURY (Month	CAST. DUE TO (C) IONS CONTRIBUTING ATED TO THE USING DEATH.  19b. MAJOR FINDINGS (ING   21b. PLACE (Home F DEATH OF INJURY street, c MINER) (Dey) (Year) (Hour) 21e. While the control of	of OPERATION  o, ferm, fectory  office bldg., etc.)  INJURY OCCUI  o Not  ork of w	RRED whila work	21c. WHERE DID INJURY OC	CCUR?		YES nity)	NO Z
ANTECEDENT CAL DISEASES OR CONDITIONS, I GIVING RISE TO THE ABOVE STATING UNDERLYING CAUS  21 OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAI 190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING  CONTRIBUTION  CONT	CAST. DUE TO (C) IONS CONTRIBUTING ATED TO THE USING DEATH.  19b. MAJOR FINDINGS (ING   21b. PLACE (Home F DEATH OF INJURY street, c MINER) (Dey) (Year) (Hour) 21e. While the control of	of OPERATION  b, ferm, fectory  ffice bidg., etc.,  INJURY OCCUI  a Not  ork et w	RRED whila Cork	21c. WHERE DID INJURY OC 21f. HOW DID INJURY OC 21f. 10 /	CCUR?	CG, that I	YES	(State)  w the deceased
ANTECEDENT CAL  DISEASES OR CONDITIONS, I GIVING RISE TO THE ABOVE STATING UNDERLYING CAUS  21 OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAI  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING    CAUSE O (IF EITHER, NOTIFY MEDICAL EX.  21d. TIME OF INJURY (Month)  22. I hereby certify alive on	(C)  IONS CONTRIBUTING ATED TO THE JSING DEATH.  19b. MAJOR FINDINGS  (ING   21b. PLACE (Home F DEATH OF INJURY street, committee)  (Dey) (Yeer) (Hour) 21e. While M. et w.	of OPERATION  of Corm, fectory office bidg., etc., INJURY OCCUL ork Not et w  assed from that death of	RRED while cork	21c. WHERE DID INJURY OC 21f. HOW DID INJURY OC 21f. 10 /	e causes and on the	date state own, stete)	last saved above	(State)
ANTECEDENT CAL  DISEASES OR CONDITIONS, I GIVING RISE TO THE ABOVE STATING UNDERLYING CAUS  12 OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAI  19. DATE OF OPERATION  21e. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXA  21d. TIME OF INJURY (Month  22. I hereby certify alive on  EIGNATURE  3. BURIAL, CREMATION, REMOVAL (SPECIFY)	IONS CONTRIBUTING ATED TO THE USING DEATH.  19b. MAJOR FINDINGS  (ING   21b. PLACE (Home FORATH OF INJURY street, c. LMINER)  (Dey) (Year) (Hour) 21e. M. et w.	OF OPERATION  o, Term, fectory  office bidg., etc.;  INJURY OCCUL  ork of w  ised from  that death of	RRED white coursed a coursed a	216. WHERE DID INJURY OC 216. HOW DID INJURY OC 217. 10 7.	e causes and on the DDRESS (Street, dry, 1) LOCATION (City, 1)	date state own, stete)	last saved above	(State)  w the deceased
ANTECEDENT CAU DISEASES OR CONDITIONS, I GIVING RISE TO THE ABOVE STATING UNDERLYING CAUS ET OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAI 19e. DATE OF OPERATION  21e. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O(IF EITHER, NOTIFY MEDICAL EXA 21d. TIME OF INJURY (Month  22. I hereby certify alive on  SIGNATURE  23. BURIAL, CREMATION,	CC)  ICONS CONTRIBUTING  ATED TO THE  JSING DEATH.  19b. MAJOR FINDINGS  (ING   21b. PLACE (Home F DEATH OF INJURY street, c  LMINER)  (Year) (Hour) 21e.  Whil  M. et w  that I attended the deces  T, 19 556, and	OF OPERATION  o, Term, fectory  office bidg., etc.;  INJURY OCCUL  ork of w  ised from  that death of	RRED while work coursed a	216. WHERE DID INJURY OC 216. HOW DID INJURY OC 217. 10 7.	e causes and on the DDRESS (Street, city, to LOCATION (City, to WASHINGTO	that I e date state own, stete)  D. C. own, or county  DN, D. C.	last saved above	(State)  w the decease  c.  CATE SIGNE  (State)

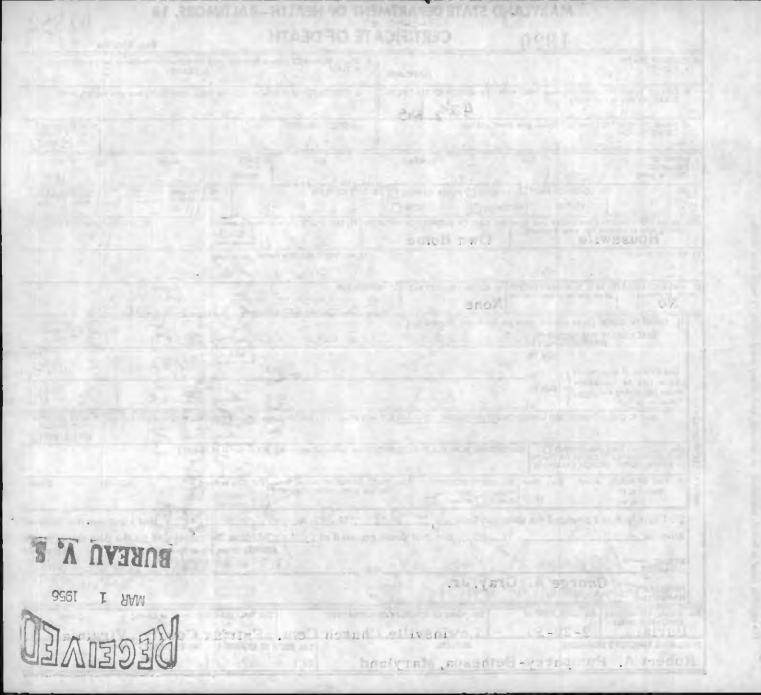
BY SECURITIES STATE DEPARTMENT OF HEALTH-BALLTHORS IS

### HTARG TO STADRITHED DEATH,

BUREAU V. E.

LEB 16 1956





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1922 C

CERTIFICATE OF DEATH

eg. Dist. No. 216

1927 CERTIFICATI	OF DEATH. Reg. Dis	. 140. 0
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Montgomery MARYLAND	STATE Wyoming COUNTY -	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY: If outside corporate limits, write RURAL	and give nearest town)
X Town Bethesda 16 days	STREET   If rural give location	- vn
HOSPITAL OR The Clinical Center	ADDRESS	
street ADDRESS National Inst. of Health		
3. NAME OF (First) (Middle) DECEASED:	OF	Day) (Year)
(Type or Print) Alice Catherine Ba	errett death: Februar	
BACE: WIDOWED DIVORCED	of BIRTH: 9. AGE last birthday If UNDER the lary 14, 1897 59 yrs. Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ** OR INDUSTRY:		CITIZEN OF WHAT COUNTRY?
Housewife	Nebraska	0.0.4
-	Catherine Rice	
Dennis Donoghue  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   18. BOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates no None	The medical record, The Clini	cal Center
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) CANCINOMIA	the Breast, Metestitic to	
ANTECEDENT CAUSE (\$)	Liver and lungs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.	tory. 21c. WHERE DID (City or town) (Court INJURY OCCUR?	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	2 1F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb	6. 1950 to Feb 17 1956 that I las	t saw the deceased
alive on Feb 17, , 1956, and that death occurred at	6:20PM, from the causes and on the date	stated above.
	The Clinical Center a	17 56
23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY) 2 -19-1956	ERY OR CREMATORY COCATON City, town, of	or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 270 KSI	24. FUNERAL DIRECTOR 2901 14 TU	S.E.
of the work till and the	The state of the s	

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

Z "A LITT Y

01886

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) Montgomery c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YK NO [ Month Day Year 1956 Feb. 21 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min yrs. 12 CITIZEN OF WHAT COUNTRY? USA Priscilla J. Beall Address INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(County)

YES NO T

(Stote)

**Z** withat I last saw the deceased

Damascus, Maryland

22d. LOCATION (City, town, or county)

23. FIGNERAL DIRECTOR'S SIGNATURE **ADDRESS** 

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

(Stote)

VS A15 (4) 15M 9/#3

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF 1924 Reg. Dist. No..... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY MONTOOMERY STATE Maryland county MARYLAND Mont gome rv CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) TOWN SILVER 20 Silver Spring TOWN HOSPITAL OR STREET INSTITUTION OR STREET ADDRESS ADDRESS 2410 Arcola Avenue ARCOLA 3. NAME OF (First) (Middle) 4. DATE (Last) (Month) (Day) (Year) DECEASED: OF (Type or Print) BECKE DEATH: 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HES RACE: WIDOWED, DIVORCED. Months | Hours (Specify): /M 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) : 12. CITIZEN OF WHAT work done during most of working life, INDUSTRY: even if retired): FIREMAN COUNTRY? MIANESCTA U.S.A 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give war or dates of service) BECKER NELSON 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH INTERVAL BETWEEN ONSET AND DEATH Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY Yes 🗆 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, CITY OR TOWN SUICIDE OF office bldg., etc.) HOMICIDE (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work at work 22. I hereby certify that I attended the deceased from... 1956., that I last saw the deceased 80 alive on FeB. 18, 19.36, and that death occurred at ...... 5 A.m., from the causes and on the date stated above. SIGNATURE 23. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REBRIOVAL (Specify): Arlington Nat'l. Cemetery Arlington, Virginia DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 8434 Georgia

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A15.

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DATE REC'D BY LOCAL

REGISTRAB/56

REGISTRAR'S

1. PLACE OF I

MARYLAND STATE DEPARTMENT	V1889
Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
tside corporate limits, write RURAL LENGTH OF STAY (in this place) Ver Spring 17 yrs	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
NOR 8301 16th St	ADDRES 8301 16th St
	Last)  4. DATE (Month) (Day) (Year)  of DEATH: February 2 1956
RACE- WIDOWED DIVORCED.	9. AGE last birthday if under I veam if under 24 Hrs.  81 yrs. Months Days Hours Min.
ing most of working life.  108. KIND OF BUSINESS OR INDUSTRY:  Own Home	Boston Mass 12. CITIZEN OF WHAT COUNTRY?
IAME:	14. MOTHER'S MAIDEN NAME:

COUNTY CITY (If ou and g OR TOWN Sil HOSPITAL C INSTITUTIO STREET ADD NAME OF DECEASED: (Type or Prin 5. SEX: Female USUAL OCC work done dur even if retired 13 FATHER'S N Eliza Ann Roche Morrison Joseph 17. INFORMANT & ADDRESS: Mrs Daniel Gearhart 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates None Cortland Place N. W. of service) no Washington, D. MEDICAL CERTIFICATION INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO ONSET AND DEATH IMMEDIATE CAUSE DUE TÓ ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YE5 21B. PLACE (Home, farm, factory, (State) 21A. ACCIDENT WAS UNDERLYING [ 21c. WHERE DID (City or town) (County) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCURT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) Not while While OF INJURY at work at work ., 19. ., that I last saw the deceased 22. I hereby certify that I attended the deceased from 630/1M, from the causes and on the date stated above. 60 and that death occurred at alive on correct ADDRESS DATE SIGNED SIGNATURE M. D State CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIAL. Burial (SPECIFY) Montgomery County, Md. John's Cemetery

FUNERAL DIRECTOR

Ga. Ave

7),

100

990. 9

MARYLAND

() 1890 TATE DEPARTMENT OF HEALT

1927

### CERTIFICATE OF DEATH

z. Dist. No. 216

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MONT YOU GEY MARYLAND	STATE	
CITY (If outside corporate lights, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest town	TOWN Washington D.C	41
HOSPITAL OR INSTITUTION OR	STREET /If rural give inention)	
STREET ADDRESS Suburbun Kospital	ADDRESS 14000 11/TO ST. 77.1	u)
3. NAME OF (First) (Middle)	43.54	(Day) (Year)
(Type of Print) LILLIA JUNETTE BL	AKISTONE DEATH Feb. 15,	19 56
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED	DATE OF BIRTH 9. AGE last birthday If under. I	year   If under 24 hrs. Days   Hours   Min.
FEMALE WLITE WIDOWED, DIVORCED, (Specify) SINGLE	0-06-12 80 AL AL	
done during most of working life, even it retired)  10b. Kind of Business on Industry  Industry	N   C	CITIZEN OF WHAT
Coci-Norvella 10.3. Iteasury		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Zuen unan U. DIACKISTONE	MANNIE SHANKS	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of service) 578-07-9337A	17. INFORMANT AND ADDRESS 3719 E. D.	Radicy La.
NO service)	, mar plicarizione cc Wg	
IS. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
4 mil wife to yet was	and it infant ton!	25-112
Immediate cause (a)		73 m A M
Antecedent cause(s)	· · · · · · · · · · · · · · · · · · ·	White It
Diseases or conditions, if any, (b)	earl Demo xo	3 7, ta.
giving rise to the above cause stating the underlying cause last		
(a)		Company of the Contract of the
W OTHER COMPLETANT CONDITIONS		
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not		
Conditions contributing to the death but not related to the disease or condition causing death.		
Conditions contributing to the death but not		20. AUTOPSY?
related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 (CITY OR TOWN) (COUNTY)	20. AUTOPSY? Yes No F
conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	20. AUTOPSY?
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY OF OF OPERATION    22. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY OF OPERATION    23. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY OCCURRED	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	20. AUTOPSY? Yes No F
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, strest, OF office bldg., etc.)  RUICIDE (Home) (Day) (Year) (Hour) INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While		20. AUTOPSY? Yes No F
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bldg., etc.)    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF INJURY   Not While at Not While    INJURY   INJURY   INJURY OCCURRED    Work   At work   INJURY   IN	HOW DID INJURY OCCUR?	20. AUTOPSY? Yes No (STATE)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, strest, OF office bldg., etc.)  RUICIDE (Home) (Day) (Year) (Hour) INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While	HOW DID INJURY OCCUR?	20. AUTOPSY? Yes No (STATE)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  1NJURY (Hour) (NJURY OCCURRED While at Not While INJURY Mork At work 19 At	HOW DID INJURY OCCUR?	20. AUTOPSY? Yes No F (STATE)  w the deceased
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  22. I hereby certify that I attended the deceased from At work alive on Attended the deceased from Attended at the death occurred at the open and the death occurred at the death occurred at the deceased from Attended the death occurred at the death occ	HOW DID INJURY OCCUR?	20. AUTOPSY? Yes No FI (STATE)  w the deceased
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY   Not While At work   At work    22. I hereby certify that I attended the deceased from At work   At work   SIGNATURE (Degree or title)	HOW DID INJURY OCCUR?  1. 19.3 4. to Andrew 1.5., 19.5 4. that I last sa ADDRESS	20. AUTOPSY?  Yee No (STATE)  w the deceased ted above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, office bidg., etc.)   INJURY   TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY   At work   At work   22. I hereby certify that I attended the deceased from At work   23.   19.3.   24.   25.   26.	HOW DID INJURY OCCUR?  19.3.4, to Andrew 15., 19.5.4, that I last sa ADDRESS  RY OR EREMATORY   LOCATION (City, town, or county)	20. AUTOPSY? Yes No (STATE)  w the deceased ted above. DATE SIGNED  (State)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bldg., etc.)    HOMICIDE   INJURY   INJURY OCCURRED    OF OFFI   Work   At work    22. I hereby certify that I attended the deceased from   At work    alive on   2, 190, and that death occurred at O    SIGNATURE (Degree or title)    23. BURIAL, CREMATION DATE   NAME OF CEMETE    REMOVAL (Specify)   A 10 5 C    A 11. CREMATION DATE   A 11. CREMATION    A 12. CREMATION   DATE   NAME OF CEMETE    REMOVAL (Specify)   A 10 5 C    A 11. CREMATION   DATE   NAME OF CEMETE    A 12. CREMATION   DATE   NAME OF CEMETE    A 14. CREMATION   DATE   NAME OF CEMETE    A 15. CREMATION   DATE   NAME OF CEMETE    A 16. CREMATION   DATE   DATE	HOW DID INJURY OCCUR?  19.3.4, to Andrew 15., 19.5.4, that I last sa ADDRESS  RY OR EREMATORY   LOCATION (City, town, or county)	20. AUTOPSY? Yes No (STATE)  w the deceased ted above. DATE SIGNED  (State)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, office bidg., etc.)   INJURY   TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY   At work   At work   22. I hereby certify that I attended the deceased from At work   23.   19.3.   24.   25.   26.	HOW DID INJURY OCCUR?  19.3.4, to And 11.5., 19.5.6, that I last sa ADDRESS  RY OR PREMATORY LOCATION (City, town, or county)	20. AUTOPSY? Yes No (STATE)  w the deceased ted above. DATE SIGNED  (State)

s A A COUNT



VS A1S (4) 1SM 9/55 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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1928 CERTIFICATE OF DEATH

01891

#020				Reg. Dist. No.
PLACE OF DEATH  o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution b. COUNTY	on: Residence before admission)
Montgomery		o. STATE Maryland	i b nont	
b CITY OR TOWN (If outside corporate limits, s RURAL and give nearest town)		c. CITY OR TOWN (IF or	utside corporate limits, write R	URAL and give nearest town)
* Washington Grove	6 Mos.	Oakmont St	ե.	*
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street address)	d. STREET ADDRESS	han Garage N	e 15 RESIDENCE ON A FARM?
10 m		wasning	ton Grove, N	YES NOTE
NAME OF First DECEASED (Type or print) Wallac	e D.	Blick Lost	4. DATE Mont	th Day Year 26 156
. SEX 6 COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 74 HRS
Male White w	IDOWED DIVORCED		381 (lost birthday) 74 yrs	Months Days Hours Min
Oa USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)  Retired Farmer	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole of Virginia		12. CITIZEN OF WHAT COUNTRY USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	-
Edward A. Blick		Winey Sm:	ith	
S. WAS DECEASED EVER IN U. S. ARMED FORCES		INFORMANT	Addr	ess
No	- Mr	s. Nellie Jo	ones Blick, W	Vashington Grov
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which  gave rise to immediate  Line of Death Cause (b)  (b)	Antra - Cu Dryperleur	- /	worthage Viruel	11
code (a), stating the under- lying couse last.	Ruean			
PART II. OTHER SIGNIFICANT CONDIT	in - left	NOT REDATED TO THE TERMIN	NAL DISEASE CONDITION GIV	PERFORMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m., p. m.,		ACE OF INJURY (Home, form, clary, street, office bldg., etc.)		(County) (Stote)
21. I certify that I attended the de	eceased fram 766:16	19 16, to 23	1. 2.6, 1956	that I last saw the decease
alive an +4.23	1257, and that death	accurred at		nd an the date stated abov
ACTUAL STURK John	mache	, ·	DDRESS (Street, city or town, s	
1/-	chumacker			
20. BURIAL, CREMATION, 226, DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, 10wn, a	r county) (Stote)
REMOVAL (Specify) Feb 29,1	954 Rock Creek	Cem.	District of	of Columbia
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE
Francis 4/ 03a	when touton	mull DATE 777	101 1-57 CV	nd 14/ hr



BUREAU V. S.

A15 VS.

### 01892 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1929 CERTIFICATE OF DEATH

-		
1 5	. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
gibly	COUNTY Montgomery MARYLAND	District of Columbia
9	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
and	OR and give, pearest town) (in this place)	OR
	Testado El El a El	TOWN Washington, D. C.
clearly	HOSPITAL OR Clinical Center	STREET (If rural give location) Apt. 104
183	STREET ADDRESS National Institute Healt	
ភ្នំ 📙		
	DECEASED: Took	
death	(Type or Print) Jean Agnes DO	rden   OF DEATH: Feb. 10, 19 56
	SEX 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday 15 UNDER ( YEAR IF UNDER 24 HRS.
d e	Female White (Specify): Married June	21, 1923 32 yrs. Months Days Hours Min.
e 10	A USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): [12, CITIZEN OF WHAT
causes	work done during most of working life, OR INDUSTRY:	[ COUNTRY?
	even if retired): Housewife	
13 13	B. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
د د	Oswald Kowalski	Agnes Rudnick
X) write	WAS DECEASED EVER IN U.S. ARMED FORCES!   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
≨ , (α	(as, neg or unk.) (If Yes, give war or dates	
prease	Not available	The Medical Record, The Clinical Center
rrect age is especially important. Physicians:	alive on Feb. 10 19.56, and that death occurred at	Ory. 21c. WHERE DID (City or town) (County) (State)  etc. INJURY OCCUR?  21f. How DID INJURY OCCUR?  29, 19.55, to Feb. 10, 19.56, that I last saw the deceased 4:25A,M, from the causes and on the date stated above.  ADDRESS DATE SIGNED 2 10/5
0 2:	3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETS	D. The Clinical Center, NIH, Bethesda, Md. Ry OR CREMATORY   LOCATION (City, fown, or county) (State)
	Burial Feb. 13.1956 Fort Linco	Pr. George Co., Md.
	The second secon	24/FUNERAL_DIRECTOR ADDRESS
	REGISTRAR 2/13/56 Bessie M. Lhom bron	Mues Glygn, De 317 Pa. Ave., SE D.C.3

BUREAU V. S.

LEB 12 1826

SECEINED

# 72 hours after death. After this director, the third copy of this the registrar within in by the funeral TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

930 CERTIFICATE OF DEATH

01893

1930			R	eg. Dist. No.					
1. PLACE OF DEATH	- 12 A	2. USUAL RESIDENCE (HOME) OF DECEASED							
COUNTY MONTGOMERY	MARYLAND	STATE MARYLAND COUNTY MONTGOMERY							
CITY (If outside corporate limits, write RURAL OR and give negrest town)	CITY (If outside corpor	CITY (If outside corporate limits, write RURAL and give nearest town)							
56 TOWN SILVER SPRING	(in this place)		TOWN STLVER SPRING						
HOSPITAL OR		STREET	(if rural giv	re locetion)					
INSTITUTION OF 9110 CROSBY ROAD		ADDRESS 9110 CROSBY ROAD							
3. NAME OF (First) DECRASED	(Middla)	(Lest)	4. DATE (Mon	(Day)	(Yner)				
(Type of Print) ADA	BELL I	BROWN	DEATH -	El- 16.	1956				
S. SEX 6. CO.OR OR 7. SINGLE, MA	DUICORCER		. AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HR				
FEMALE WHITE Specify M.	ARRIED JAN.	2, 1899	57 yes,	Months Days	Hours Min.				
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)		EN OF WHAT				
	N HOME	PENNSYLV	PENNSYLVANIA U.S.A.						
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	14. MOTHER'S MAIDEN NAME						
ELI H. BALL		ELIZABETH	ELIZABETH Mc LUCKIE						
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS							
(Yes, no, or unk.) (If Yes, give wer or detes of service)		Mr. Kussel	J. Brown,	9110 Cros Spring					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	18. MEDICAL CE	RTIFICATION	<u> </u>	ากา	ERVAL BETWEEN				
I DISEASES ON CONDITIONS DIRECTLY LEADING TO DEAT		2.		ON "1	SET AND DEATH				
MMEDIATE CAUSE (A)	kremon	ma xim		6	12 410				
ANTECEDENT CAUSE(S) DUE TO		1			- 1				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO									
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.									
194. DATE OF OPERATION 195, MAJOR FINDING	S OF OPERATION				O. AUTOPSY?				
				YES					
	ome, farm, fectory, t, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County)	(State)				
	1e. INJURY OCCURRED	21. HOW DID INJURY OCCUR	7						
M.   a	work et work								
22. I hereby certify that I attended the de-	ceased from aug 19	53, 19 10 Feb	. 1.6 19.56	, that I last sa	w the decease				
		at U.I.S.D.P.M., from the ca							
BIGNATURE		, ADDR	ESS (Street, city, tow		DATE SIGNE				
Ill fruth	M.D.	4601 169 84	me wish	W. CI	417/5-6				
23 BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OF		LOCATION (City, town		(State)				
BURIAL 2/20/56	NATIONAL MEM	. CEMETERY	FALLS CHUE	RCH, VIRGIN	AIV				
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	RE	25. FUNERAL DIRECTOR'S	,	2/3/ APPRESS	ATTO				
DATE J-1190 + lance	- istici	Warrer & 12	imphruis:	llver Spri	ing. Md.				

BECEINED

2.1.2

	1890 CERTIFICATE	OF DEATH Reg. Dist	. No. 22					
oly.	I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED						
clearly and legibly	COUNTY MON GOMEY 4. MARYLAND  CITY (If outside cultiporate limital write RURAL LENGTH OF STAY (in this place)  'TOWN TO Kome Park  HOSPITAL OR INSTITUTION OR STREET ADDRESS Weshington San & Hosp.	STATE Mary and COUNTY Montgomery CITY (If outside disposate limits, write RURAL and give nearest tow OR Town Takema Park 12 DC.  STREET (If rural give location) ADDRESS 75// Carrol/ Ave.						
	DECEASED:	Restant OF 0	Day) (Year)					
of death	5. SEX 6. COLOR OR 7. SINGLE, GARRIED 8 DATE CONTROL (Specify): (Specify): (ACCLED)	DEATH:						
causes	work done during most of working life. even if retired):  OR INDUSTRY:	Maryland	COUNTRY!					
e the	John Lideli	Elizabeth Schramm						
e write	15. WAS DECEASED EVER IN-U.S. ARMED FORCEST 15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Hushand - Wash, Jan. y Hos	A consider					
82 83	10. MEDICAL CERTIFICATIO		INTERVAL BETWEEN					
ns: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  (A) Juliere	ulosis Puenwonia	ONSET AND DEATH  7 3 days  Lexicular					
Physicians	ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY.  (B)	2						
Phy	STATING UNDERLYING CAUSE LAST. DUE TO							
lt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		<u> </u>					
important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
ď	19A, DATE OF OPERATION:   19B, MAJOR FINDINGS OF OPERATION		20. AUTOPSY?					
4	2		YES, NO					
especially	21A ACCIDENT WAS UNDERLYING [] 21B. PLACE (Home, farm, factor OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY atreet, office bldg., et (IF EITHER, NOTIFY MEDICAL EXAMINER)	ry. 21c. WHERE DID (City or town) (Count to. INJURY OCCUR?	(State)					
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work							
orrect age i	22. I hereby certify that I attended the deceased from 2/6, 1996, to2/7, 1956, that I last saw the deceased alive on, 1956, and that death occurred at //:300M, from the causes and on the date stated above.  SIGNATURE  Robert a Stare							
200	23. BUBIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (SPECIFY)  DATE REC'D-BY LOCAL (REGISTER'S SIGNATURE)		county (State)					
4	HEGHRAVU1956 J. William Kedes	W. W. Chambers 6. 1700	4/ 1/2					

VS. A15

FOR HINDING

MARGIN RESURVED

2/1/56 Cleared with Coroner Broschart.

## Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death, tely filled in by the funeral Pages 1 and 2 shauld be may be retained by the host of at attending physician. • FUNERAL DIRECTOR: A scrifficate has been signed by the attending physician and copage 3 should be detached for what the burial-time it permit. Then please remove carbon papes the registrar prior to burial, cremation, at removal, and in any event within 72 hours, after death.

may be retained by the has TO FUNERAL DIRECTOR: A

VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1931

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 215

7	PLACE OF DEATH o. COUNTY	H Montgomery Maryland				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE District of Colsantia							
~	b. CITY OR TOWN (If RURAL and give no Be U118)	CITY OR TOWN (If cutside corporate limits, write RURAL and give nearest town Be the saa Rural 5 hrs 25 min				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Washington, D.C.							
2	or INSTITUTION OR INSTITUTION U. S. Naval Hospital			d. STREET ADDRESS 2301. Cathedral Avenue N.W. ves No 18									
3	NAME OF First DECEASED (Type or print) Kate		Middle Wilson		CARMI	CHAEL	4. DATE OF DEATH		Month February		24 19 56		
5.	sex Female	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		D 🔲	March	Н	9. AGE (In years last buthday) OO yrs						
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE HOUSEWITE					INDUS							WHAT	COUNTRY?
13	. FATHER'S NAME					14. MOTHER'S							
L	Leon A. W.							e MURI					
	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of s		social security no. Unknwon	17. It	Son Capt Same	John	CARM	ICHAEL Add	ress			
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) MYOCARIDIA (INFARCTION)  DUE TO  Conditions, if any, which gave rise to immediate coess (a), storing the under-lying cause lost.  (c) (c)							ONSET AND DEATH					
TIFICATION													
MEDICAL CERTIFI		CAUSE OF DEATH MEDICAL EXAMINER)  Month, Doy, Yes	White	JURY OCCURRED  Not while of work	20e PLA foc	CE OF INJURY I	Hame, farm, bldg., etc.	20f. (City	or town)	(	County)		(State)
*	21. I certify that I attended the deceased from 2½ Feb , 1956, to 2½ Feb , 1956, that I last saw the deceased alive on 2½ Feb , 1956, and that death occurred at 11:20AM, from the causes and on the date stated above.  ACTUAL SIGNATURE M.D.  PHYSICIAN'S H. A. SCHLANG/CDR, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Maryland												
22	BURIAL CREMATION REMOVAL (Specify) BUT 181	27 Feb	,	22c NAME OF CEME Private Co					ION (City, Iown,			(Stote	•)
23	FUNERAL DIRECTOR'S	H.		Funeral Hor 4th St NW.		ington.		2-24-	E6 12	STRAR'S SI	K		detail



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01896

*	ebilitate:	1932_	CEI	RTIFICATI	E OF DEAT	rh i	Reg. Dist.	No. 21	5
	1. PLACE OF DEATH:				2. USUAL RESIDI	ENCE (HOME) OF	DECEASED	);	
	county Montgo	merv			Montrell	3	Durlma		-
3			RIIRAL	MARYLAND LENGTH OF STAY	STATE Mary	corporate limits, write		e Georg	
2116	OR and give near	a Rural	e legieni	(in this place) 7mo.23days	OR TOWN Takon		e RURAL EI	ing Rive Hear.	eer rown)
£1122	HOSPITAL OR INSTITUTION OR STREET ADDRESS	USNH			STREET ADDRESS 303 Elm A	(If rural givenue	re location)		J
3	3. NAME OF	(First)	(Mi	idle)	(Last)	4. DATE (Mor	nth) (I	ay) (Y	ear)
1	DECEASED: (Type or Print)	Pául <sup>.</sup>	Rich	nard CA	RTUER	OF DEATH: FE	b.	15 19	56
מה תב		OR OR 7. SINGI	E. MARE WED, DIV	RIED.   8. DATE	OF BIRTH	9. AGE last birthday	IF UNDER 1 YE		-
e de la co	10A. USUAL OCCUPATION work done during mose even if retired): Pr	ON (Give kind of t of working life,	10a. KIN OR	D OF BUSINESS	- '	State or foreign coun	- 9	COUNTRY?	WHAT
3.7	13. FATHER'S NAME:	essman it	· B · GO	rernment	14. MOTHER'S M		U.S	0+	
	Richard Carter								
y S					Georgie Ten				
Z .	15. WAS DECEASED EVER IN (Yes, no, or un of) (If Ye			CIAL SECURITY NO.	17. INFORMANT				
u /	Yes of serv	rice) WW 1		mown	Mrs. Kennet	t CARTER, Wif	e, Same	as abo	ove
Hysicians, pro-	I DISEASES OR CON-	CAUSE LUSE (S) TONS, IF ANY, ABOVE CAUSE		Broncho seu metastan	rie Carcino	ma with		ONSET AND	BETWEEN D DEATH
			(C)						
חו השנו	II OTHER SIGNIFICANTO THE DEATH BUT DISEASE OR COND	NOT RELATED	O THE	Divertion	culoris - Cot	on-multi	ile	10 ye	ins
411	19A. DATE OF OPERATION	ON: 198. MAJ	R FINDI	NGS OF OPERATIO	N			20. AUT	OPSY?
ectang	21A. ACCIDENT WAS U OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	OF INJU	RY street, office bidg.,	etc. INJURY OCCUI	City or town)	(County	y) (S	itate)
18 63	210. TIME (Month) (Da OF INJURY	y) (Year) (Hour M.	21E While						
correct age	H. I. PASSES	1956, 1956, 2 1000, 100	ind that TMC V SN, U.	death occurred at S. NAVAL HOS	, 1955, to 2 2:10PM, from the ADDRESS 2-BTAL, NNMC, BUTTERY OR CREMATORY	ne causes and on 3 ETHESDA, MAR	the date s DAT	tated abov E SIGNED	eceased
	Burial DATE REC'D BY LOCE REGISTRAR	17 Feb.	1956	Rock Creek	Park Cemetery recomed Tiner	Washingto	n, D. C		

S A MANI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 9/55

01898

Reg. Dist. No. 215

	PLACE OF DEATH					ł	2. USUAL RESIDENCE (W	here decease	djived if instituti	on, Residenci			
ľ		'ontgomery			MARYLA	UND	o. STATE THE WAY	30003	ี ำ ใจกระดุกผู้เล	**Serveries	eraceane.	w	.0
	b. CITY OR TOWN (If	outside corporate lim	its, write	c. LENGTH	OF STAY IN	dî l	c. CITY OR TOWN (IF		orale limits, write I	URAL and gi			)
X	Pethesda	•		2 da	ıys		ione da de	thread	a Washing	ton .	*	1	
	d. NAME OF HOSPITA		jive street				d. STREET ADDRESS 7	002 10	ladda Dod	C E	e l	S RESI	DENCE
	U.S. Nava	al Hospita	1				Dethesda	N. C.S.O.	CHUTCE DET	AG PO PI	Y		NO X
	NAME OF DECEASED	Fi	ni		Middle		Last	4. DATE	Mor	ith	Day	Y	ear
	(Type or print)	Jud :			(n)		CHISARIK	DEATH	FEE	3	25'	. 1	9 56
5. 5	SEX	6. COLOR OR RACE	7. MARR	SIED NEV	ER MARRIED	E I	. DATE OF BIRTH		9 AGE (In years	IF UNDER I		-	
	Female	White	WIDOWI	1-24	DIVORCED	_	23 FER 1956		last birthday) yrs.	Months 4	gays H	anne	Min.
10a	. USUAL OCCUPATION during most of working	N (Give kind of working life, even if retired	done 10b.	KIND OF BU	USINESS OR	INDUS	TRY 11. BIRTHPLACE (State	or foreign c	ountry)	12. CITI	ZEN OF Y	YHAT	COUNTRY?
	Paby			None			Maryland	}		Uni	ited	Sta	tes
13.	FATHER'S NAME						14. MOTHER'S MAIDEN	NAME					•
	Androur Mic	cholas CHI	SARTK				Maryl ES	YAM					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.		URITY NO.	17, 18	FORMANT Andrew	C. Al. and D. St.	I ARIK Add	ress			
Ye	No or unknown) (1	It yes, give war or dates of i	ervice)	None		78	323 Nimitz Dr	ive.	S.E. Was	hingto	on, I	. (	5.
	18. CAUSE OF DEAT	TH [Enter only one co	ouse per lin	ne far (a), (b	), and (c).]		20 1				I INTERV	AL BET	WEEN
	PART 1. DEAT	H WAS CAUSED BY:		Inta	a.C.	an.	is mi	411			ONSET	<b>₩ND</b>	DEATH
	1.5	DUE TO					1	)					1
	Canditions, if an	y, which ) e					*						
	gave rise to in	nmediate (											
	cotse (a), stating to	he under-											
z		FR SIGNIFICANT CON	nitions f	ONTRIBLITI	NG TO DEAT	HZBLIT	NOT/RELATED TO THE TERM	INAL DISEAS	E CONDITION OF	FNI INI DART	2/03 100 3	NAS A	LITOPSY
ATIC				7.7	nat	7				P14 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	<b>LERFO</b> S	RMED?
IF1C,	200. ACCIDENT WAS	S LINDER VING IT	20h DESI	1			(Enter hature of injury in	Port Lor Por	et II of item 183		1 10	:SVI	но 🗌
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH											
CAI	20c. TIME OF INJURY	Month, Day, Ye		NJURY OCC		Ge. PLA	CE OF INJURY (Home, for	n, 20f. (Cit	y or town)	(Co	ounty)		(State)
MEDICAL	Hour c.m., p.m.	19	White at wor	k of wor		ruc	lary, street, office bldg , etc	6.7					
	21. I certify the	at Lattended the	deceas	ed fram	23 Fe	b.	, 19 <u>56</u> , to	25 Feb	19 56	thet I le	ast saw	the o	rleceased
	alive an25	two a		,			occurred at 10:4						
		/	1	/ /		/			freet, city or lown,		c date		TE SIGNED
	ACTUAL	Jeorgo !	1.6,	Mag	não	Z_,	U.S. Nava			*	a. Má		
		17											
L	PHYSICIAN'S NAME (Type) GE	eorge J.M.	Magn	ant, 1	TT, 140	, U	TM U.S. Pave	J Hos	rital, D	thesd	a, 46	1.	
220	BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THERE	OF .	ZZc. NAM	E OF CEMET	ERY OF	CREMATORY	22d. LOCA	TION (City, town,	or county)		(State	)
	Dirial	2-29-56		Arl-	ington	No.	tionar Combto	- V7 A7	lington	Vingi	nia		
23	FUNERAL DIRECTOR'S	SIGNATURE	V R	ADDR	ESS	E) e	24a. REC		TRAR 24b, REGI			7)	
1	M. Den	lm94	Āv	re. le	tiesia	2 OC S	57 'ISC DATE	2-27-5	6 Ba	u. d.	. 1	as	106



2411 N. Charles Street, Baltimore

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#### CERTIFICATE OF DEATH 1934

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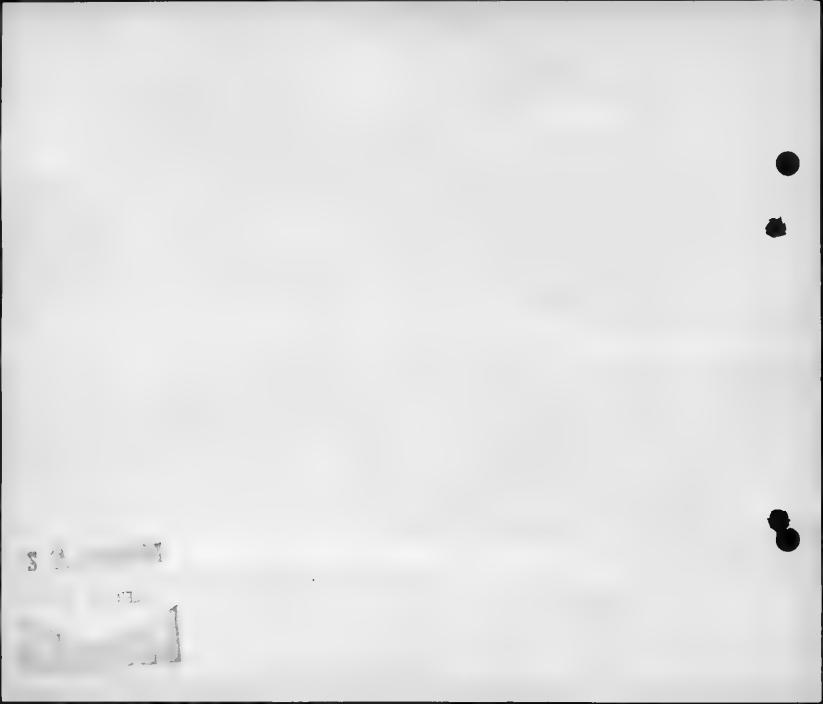
Reg. Dist. No.

1. PLACE OF DEATI			2. USUAL RESIDENCE (	IIOME) OF DECEASED COUNT	v
Count	TO THE PARTY OF TH	MARYLAND	- Coco		175
	orporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpor OR	ate limits, write RURAL and gi	ve nearest town)
OR give nearest	COVIE)	(in this place)	TOWN St Cl	oud. Paris	*
HOSPITAL OR	Otre 33: De	rest Glen Sec.	STREET	(If rural, give location)	
STREET ADDRES		A'C	ADDRESS 35 Rue	Preschez	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Henri	TIT	Ghrotien	DEATH Fob.	19'
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday If under Months.	I year If under 24 hr. Days Hours Min
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State		2. CITIZEN OF WHAT
done during most of v	orking life, even if retired)	.iv. Professor	Paris. Fr		Country?
13. FATHER'S NAM	·E	* ************************************	1 14. MOTHER'S MAIDEN	NAME	11:4100
Eugene C	hastian		Chroline	Doboro	
		I   16. SOCIAL SECURITY NO.		ADDRESS L A	72 72
(Yes, no, or unknown)	(If year, give war or dates o	of	- F	" WENNESS TO A FOR THE	LAD.
<u> </u>	service)	norie	The Litter	Ca	
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I, DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
	X	Commence Construction			2 22.4
Immediate	e cause (a)	Cortnamy Occlusion	211	97900790070000 (milesamena dissilare na es l'appena appade de vere	
Anteceder	nt cause(s)	Ving trodes tr	ne' stac		The Ten
		7 r hral weet tint	+		1 - 1 - 70 00
	conditions, if any, (b)	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u>U</u>		
	nderlying cause last	Comments that	rio se mosi		7 1762 715
II. OTHER SIGNIFI	CANT CONDITIONS	····	F. 1412		74 F F0 F0 40 nimin
	iting to the death but not se or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY1
		E 7 MOV COMM			Yes   No
21. ACCIDENT		CE (Home, farm, factory, street,	: (CITY OR '	rown) (County	
SUICIDE	OF INJ	office bidg., etc.)		1	,
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CURT	
OF INJURY	m.	While at Not While Work At work			
		9 1	h. 17	/	
		e deceased from ./ .l.l.			
alive on	Jan., 195., ar	d that death occurred at	D. m., from the	causes and on the date si	tated above.
SIGNATURE	-D A	(Degree or title)	ADDRESS	inc.	DATE SIGNED
711	Dollar	Y / Y .	2 / 4	2	1
May	/ ceruse L	JAK OW. I. W	· Lovest 1/0	- Pe-2 1	050
23. BURIAL, CREM RBMOVAL (Spec	ation Date 2/8/5	1 . + 1	Grematory	LOCATION (City, town, or coun	(State)
DATE REC'D BY	LOCAL   REGISTRAR'S		24. FUNERAL DIRECTO	A	ADDRESS
REG. 7 / /-	1 1500	es talker	2-1 1 2	7-	11 6
= -//03	a in cause		LA THEELE CO.	could y 12	7
* /			810 J. H2	ne such	200

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every Item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN MESENVED FOR MINDING

VS. A15



#### MARYLAND STATE DEPARTMENT OF HEALTH

1935

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

eg. Dist. No. 214

Iter. 7. Fi	1m3193 2-24-56	et			teg. Disti 110#	*********
I. PLACE OF DEAT	IH-		2. USUAL RESIDENCE (	HOME) OF DEC	EASED	
COUNTY out	Gonens	MARYLAND	STATE MR		COUNTY	
CITY (If outside	orporate limita, write RUR	AL and   LENGTH OF STAY	CITY (If outside corpor	ate limite, write F	URAL and give nearest town	)
OR give newer	orporate limits, write RUR	(in this place)	TOWN S. I VET	2 SpRiv	v 6-	
HOSPITAL OR			STREET		ive location)	
INSTITUTION O	ESS Hornell	Murseing Home	ADDRESS /197	/ ANDA	EW. 57.	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE OF	(Month) (Day)	(Year)
(Type or l'rint)	HELEN	<i>L</i> .	CINLEY	DEATH	7EB. 14.	1316
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH	62	Months Days Hours	Min.
10m. USUAL OCCUI	PATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF	WHAT
dode during most of	working his even il retired)	INDUSTRE	WASH. P.		COUNTRY?	
13. FATHER'S NAI			14. MOTHER'S MAIDEN			
J. 14 N,				. BENE	RALLE,	
15. WAS DECEASED I	EVER IN U.S. ARMED FORCE	S?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		
(1es, no, or unknown	(If yes, give war or dates service)	OI .	MRS. BETTY	NOSW HOL	(DAVGATE)	e)
		10 MRDICO CE	ERTIFICATION			
I DIGEAGES OF C	ONDITIONS DIRECTLY	LEADING TO DEATH	,		INTERVAL BE	TWEEN
I, DISERSES OR C	OMDITIONS DIMESTRI	DEADING TO DEATH	/		ONSET AND	DEATH
'X Immedia	to carries (a)	Cerebral He	marchage		Lumes	leuli
* WHITH COLO	to cause (-/	11		_		
Diseases or giving rise	enf cause(s) conditions, if any, (b) to the above cause underlying cause last	LEADING TO DEATH  Cerebral /ve  Hyperteus	on Maly	naux		and the same
	(e)	allerose	lenous			
Conditions contrib	TCANT CONDITIONS nutling to the death but not ase or condition causing dea	th. Cerebral /x	emarulage	1stone o	4 (2/20/6	
		FINDINGS OF OPERATION			20. AUTOP	SY?
					Yes 🗆	No G
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR 1	rown)	(COUNTY) (STATE	
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR7		
OF INJURY	m.	While at Not While Work At work				
	tify that I attended th	e deceased from May &	, 1954, to 2/18	Z , 1954,	that I last saw the dece	ased
alive on/	-19- 1956, ar	nd that death occurred at (Degree or title)	11:30 Pm., from the	causes and or	the date stated above.	NED
×	1 a. Lille	uan min	249 MISSOUF			2
23. BURIAL, CREA			WASH.			
ROGIOVAL (Sh	MATION   DATE THERE	OF NAME OF CEMETE	RY OR CHIBITATORY		town or county) (St.	ate)
BIOXALS	(cliy) 7uh. 17.	1956 mit. O	livet	wash.	NS	ate)
DATE REC D BY	(cliy) 7uh. 17.	1956 mit. O	levet  21. FUNERAL DIRECTO  W. V. I altar	wash.	(St. ADDRESS	
DATE REC'D BY	(cliy) 7uh. 17.	1956 mit. O	livet	wash.	ADDRESS.	

VS. A15

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicient plem write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Oroner notified and well approve signing

S "A [ "...

Mar The

BURN N. S.

TEATT OF

MARGIN RESERVED FOR BINDING

A15-10-53

VS.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1919()2

1937 CERTIFICATE OF DEATH

Reg. Dist. No. 214

- 1			
1	1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	_county Maple Jane. Muse Thomas MARYLAND	STATE DIST of GLOUNTY	2
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		town)
	TOWN (in this place)	TOWN Washington DC	
	HOSPITAL OR	STREET (N Turni give location)	<u> </u>
	INSTITUTION OR STREET ADDRESS	ADDRESS // Jane	2/
1		1611 Mystle DEM	77
	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)	
	(Type or Print) 4NNA L	0606 T DEATH: FEB. 27 195	
ł	S CEX: 16. COLOR OR 7. SINGLE MARRIED 8. DATE		- 49
р	Tamale, white (Specify):	-/3, /86/ 99.1. yrs. Months Days hours	Min.
1	WORK dope during most of working life OR KIND OF BUSINESS Work dope during most of working life OR WIDUSTRY:	11 BIRTHPLACE (State or foreign country): 112. CITIZEN OF W	TAHY
/	even if fetired):	barly I Ch mid COUNTRY!	
1	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	4/- 1.0.0	Man and E	
1	IS WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS, W.	Z,
J	(Yes, no, or unk.) (If Yes, give war or dates	1/11 100 1 11 20 10 10	an I
)	of service)	1011 youtle is IN Hand &	(
1	18. MEDICAL CERTIFICATIONS DIRECTLY LEADING TO DEATH	The state of the s	WEEN
1		ONSET AND D	EATH
1	IMMEDIATE CAUSE (A) ACUTE	MYOCARDITIS	
1	ANTECEDENT CAUSE (8)		
J	DISEASES OR CONDITIONS, IF ANY. (B) CHRON	ic MVOCARDITIS	
ı	GIVING RISE TO THE ABOVE CAUSE DUE TO		
1	STATING UNDERLYING CAUSE LAST (C)		
1	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE	VILITY	
	DISEASE OR CONDITION CAUSING DEATH.	N.	
1	A	20, AUTOPS	
1			
	21a. ACCIDENT WAS UNDERLYING 7 COR CONTRIBUTING 7 CAUSE OF DEATH OF INJURY street, office bldg.	ctory. 21c. WHERE DID (City or town) (County) (State etc. INJURY OCCUR?	z)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE OF INJURY While Not while	D   21F. HOW DID INJURY OCCUR?	
	OF INJURY  M. at work at work		
	22. I hereby certify that I attended the deceased from Oct.		
	alive on FEG. 27, 1956, and that death occurred at SIGNATURE	t 6-45 M, from the causes and on the date stated above.  ADDRESS DATE SIGNED	
	Kenga donother	M.D. 5206 Narray 07- 2/2)/12	
	23. BURIAL CREMATION. DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or county)	Stare)
	REMOVAL (SPECIFY) 2/29/56 Matter	die Jarrettsville	ZX.
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIFECTOR, ADDRESS	
	REGISTRAR	1 1 4 4 1 1 : La 3 ( 2 4 9 4 0) 10/	



VS. A15-10

## maryland state department of health—baltimore, 18 01903

1892 CERTIFICATE OF DEATH Reg. Dist. No. 223

bly.	1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:	
legit	COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Monty	10107001
- 1	CITY (If outside offporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL in	d give nearest town)
and	OR and give nearest town) (in this place) TOWN Takoma Yurk 11 days	TOWN T. Kame Dack	1'7
- 1	HOSPITAL OR YURK 11 days	STREET (If rural give location)	
clearly		ADDRESS	*
i le			urt
	3. NAME OF (First) (Middle) DECEASED: (Middle)	(Last) 4. DATE (Month) (Da	(Year)
death	(Type or Print) = 1/2abeth 5. Daeli	ng DEATH Feb 19	9 19 56
OI	RACE: WIDOWED, DIVORCED,	9. AGE last birthday Ir under 176  18. 18-98 S-7 yrs. Months Da.	
causes	10A. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12. C	ITIZEN OF WHAT
ä	work done during most of working life. even if retired): Peac Nurse	111 1 0 0	OUNTRY?
-	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	4.0
the		5 6 1	
write	18. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates	11. 11. 01. 11. 11. 11. 11. 11. 11. 11.	, ,
95.	of service)	Hospital Records - 90	tient
please	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION ,	INTERVAL BETWEEN
124	19:	10 11	. I/
13:	IMMEDIATE CAUSE (A) DW Cost	ma & g Cerebil toles	2/2 mo
iai	ANTECEDENT CAUSE (S)	0	,
Physicians	DISEASES OR CONDITIONS, IF ANY, (B) Chilman	line and	
ξ.	STATING UNDERLYING CAUSE LAST. DUE TO		
دٌ ا	(C) frenten	~	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
or	DISEASE OR CONDITION CAUSING DEATH,		/
gu	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSYT
			YES TO NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	) (State)
3D(	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
<u>ຄ</u> ຄ	OF INJURY While Mot while at work		
e) 60	22. I hereby certify that I attended the deceased from . /V. /		saw the deceased
id	alive on . Y 19 1, 19 6, and that death occurred at	M, from the causes and on the date st	ated above.
ect	SIGNATURE	- 1 1 1 1 1 1 1	1 1 1/6
correct		. D. 500 h leword & "low y	119 106
ŭ	DOMOVAL SEDECIEVA   PL   A   A     //   /	ERY OR CREMATORY   LOCATION (Cir.), town, or	county) (State)
	Burial Out 23, 1936 Glorge WW	Thington Cemition Trince George	20. /KA
	DATE REC'D BY LOCAL REGISTRATURE	V. ATTEND GIATTOR 264 CARRA	ADDRESS AC

DECENTED STATEMENT OF THE STATEMENT OF T

BOWERD A. Z.

72 hours after death. After this director, the third copy of this

the registrar within in by the funeral

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has Been executed by the attending plipsician and mampletely filled death certificate assemily should be detaclied for user as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01904

#### CERTIFICATE OF DEATH 1938

	Keg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MONTGOMERY MARYLAND	STATE MARYLAND COUNTY MONTGOLERY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give naerest town) (In this place)	CITY (# outside corporate limits, write RURAL end give neerest town) OR
HOSPITAL OR SILVER SPRING 7 years	STDVEC STILING
INSTITUTION OR STREET ADDRESS 405 LEXINGTON DRIVE	ADDRESS 405 LEXINGTON DRIVE
3. NAME OF (First) (Middle) DECEASED ANALY DAYS	(Lest) 4. DATE (Month) (Dey) (Yaar)
(Type of Print) ADA MAY DAVIS	DEATH FEBRUARY 21 , 56
PACE WILLDAWED DIVORCED	DATE OF BIRTH  9. AGE lest birthday  IF UNDER 1 YEAR  IF UNDER 24 HR:  Wonths Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even it OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
raticed) NONE NONE	TENNESSEE U. S. A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES C. EVANS	NANCY BYRO!
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY N	NO. 17. INFORMANT & ADDRESS SILVER SPRING, MD
(Yes, no or unk.) (If Yes, give wer or datas of service) NONE	MISS, LILLIAN L. GORE, 405 LEXINGTON DR.
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	tension ?
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7 YES NO
216. ACCIDENT WAS UNDERLYING TO 216 PLACE (Home, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Work et work	211. HOW DID INJURY OCCUR?
alive on 20 feet, 19 5 and that death occurr	red at 1.2 1.3 M, from the causes and on the date stated above.
SIGNATURE . Caux M.O	
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) TRANSIT & BURIAL 2/23/56 ODD FELLO	ON CEMETERY  LYNCHBURG, MOORE COUNTY, T
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	
22256 : Fance! 70	25. FUNERAL DIRECTOR'S SIGNATURE 10. AVE. 8434 Ga. Ave.



NO X

(State)

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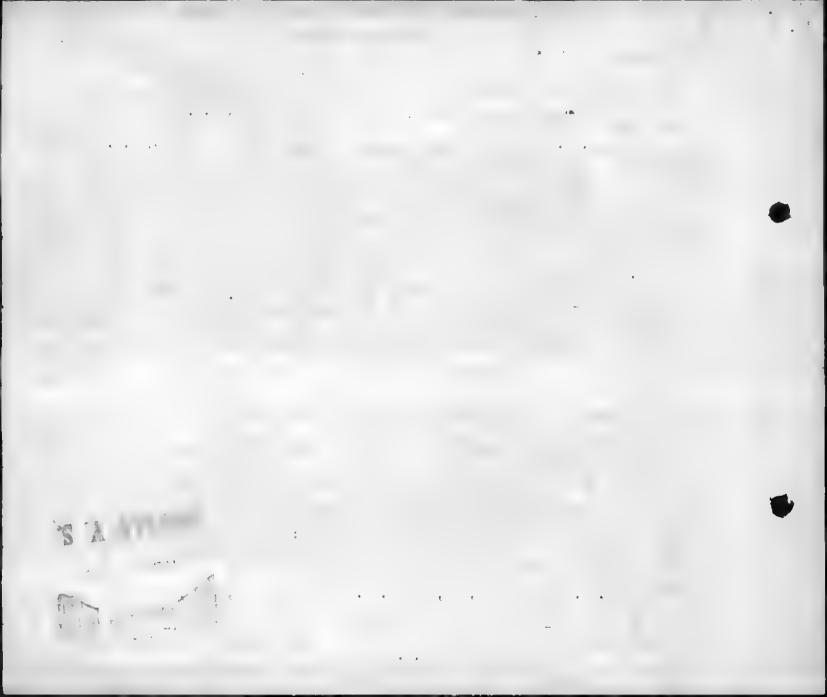
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1940

**CERTIFICATE OF DEATH** 

01906 Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (W	here decease	d lived. If instituti	on: Residence b	efare ad	mission)
	a. COUNTY	Montgome	ry	MARYLA	IND	o. STATE Distr	ict o	e columni	.a		
	b CITY OR TOWN (I RURAL and give no	f outside carparate lim	ts, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (If	autside carpi	orate limits, write R	URAL and give	nearest 1	lawn)
	X X	Bethesda	Rura	9 hrs 30	O m	in Washi	ington	, D.C.			
	d. NAME OF HOSPIT	AL (If not in haspital, s	ive street o	ddress)		d. STREET ADDRESS			***************************************	e. IS	RESIDENCE
	- OK INSTITUTION	U. S. Na	ral Ho	spital		1231.	Savan	neh Stree	t, S.E.	YES	N A FARM?
	3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE OF	Mor		Day	Year
	(Type or print)	John		Paul		DIETZ	DEATH	2 0 4 2	uary	25	19 56
	5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	2	DATE OF BIRTH		9 AGE (In years last birthday)	Months Day		
	Male	White	WIDOWE		1-4	10-4-49		b yrs.		110	
/	100 USUAL OCCUPATION during most of work None	ON (Give kind of work ling life, even if retired	dane 10b. K )	None	INDUS	TRY 11. BIRTHPLACE (State	or foreign o	country)	12. CITIZEI	N OF WI	HAT COUNTRY?
	13. FATHER'S NAME			214-0		14 MOTHER'S MAIDEN	NAME				
	Paul T. D	TETZ				Evelyn I	UCKWO	RTH			
	IS WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	17. Ib			DIETZ**C	fethr		
0/	No. or unknown)	(If yes, give wor or dotes of t		ne		Same as above		• DIEIT (	NICA		
	PART I. DEA  Conditions, if an gave rise to lit cover (a), staining lying cause lost.  PART II. OTH  200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR Haur a.m. p. m.  21. I certify the alive on 25  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	mediate the under- the under- the under- the under- the under- to the significant con- sunderlying D CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Ye  19  at I attended the Feb  M. B. SULL.	PAN I	DIT, MC, USN	Oo. PLA fac	CE Of INJURY (Home, farriary, street, affice bidg., et accourred at 7:00	20f. (Cir. 20f. (Cir. 25 Feb  DAM, from ADDRESS (S	n the causes of treet, city ar tawn,	(Coun	DISET A	AS AUTOPLY REORMED  (Stote)  the deceased tated above.  DATE SIGNED
	220. BUR.AL, CREMATIO REMOVAL ISPECIFY) BUT 131	2-29-56		Arlington		ional	0	Arlington	V	irgi	Stote) .nia
	Simons Fu	neral home	Anac	potia, D.C.	•	24a. REC	D BY REGIS	16 Thus	STRAR'S SIGNA	Fa	melle



I. PLA

age

28. BURIAL, CREMATION. REMOVAL (Specify) & Burial

DATE RECED BY LOCAL REG. 7/7/6

DATE THEREOF 2/17/56

REGISTRAR'S SIGNATURE

1941 maryland state depa EDICAL EXAMINE	RTMENT OF I	HEALTH—BALTIMORE, 18 Reg. D TIFICATE OF DEATH No.
CE OF DEATH:	1	2. USUAL RESIDENCE (HOME) OF DECEASED:
NTY Montgomery	MARYLAND	stateMaryland county Montgomery
(If outside corporate limits, write RURAL and give Scarest town)	LENGTH OF STAY (in this place)	
		AMP THE STATE OF T

COUNTY MONTOSONATY MARYLAND	STATEMATY LANCE COUNTY MONEY	one ry
CITY (If outside corporate limits, write RURAL OR and give agarest town) TOWN Silver Spring (in this place)	CITY (If outside corporate limits write RURAL OR TOWN Silver Spring	and give nearest town)
Hospital or Institution or Street address 9334 Harvey Road	STREET (If rural, give location and another street another street and another street and another street and another street another street and another street and another street and another street another street and another street another street another street and another street another street another street another street another street and another street anoth	on)
8. NAME OF (First) (Biddle) DECEASED: ERASMUS LAMAT DIEUDONNE, SR.	(Last) 4. DATE (Month) ( OF DEATH FEBRUARY	Day) (Year) 13 19 56
Male White WIDOWED DIVORCED Oct.		
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, even if retired): J. S. Navy - retired	Maryland Maryland	COUNTRY!
13. FATHER'S NAME: Jules A. Dieudonne	14. MOTHER'S MAIDEN NAME: Julianna Jennings Brice	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk!) (If Yes, give war or dates of Yes 'cee')   16. Social Security No.:   719-03-1774	17. INFORMANT & ADDRESS: 9334 Harvey Mr. Erasmus L. Dieudonne, Jr.,	Silver Spring
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN ONGET AND DEATH
Immediate cause (a) Coronary. occil	user.	suclase
Antecedent cause(s)  Diseases or conditions, if any,  giving rise to the above cause DUE TO  stating underlying cause last		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY1
PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., INJURY		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work 1 at work 1	21f. How DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes A. Accidentation of the remains described from: Natural causes A. Accidentation of the remains described from: Natural causes A. Accidentation of the remains described from: Natural causes A. Accidentation of the remains described from: Natural causes A. Accidentation of the remains described from: Natural causes A. Accidentation of the remains described from: Natural causes A. Accidentation of the remains described from: Natural causes A. Accidentation of the remains described from: Natural causes A. Accidentation of the remains described from: Natural causes A. Accidentation of the remains described from: Natural causes A. Accidentation of the remains described from: Natural causes A. Accidentation of the remains described from: Natural causes A. Accidentation of the remains described from: Natural causes A. Accidentation of the remains described from: Natural causes A. Accidentation of the remains described from: Natural causes A. Accidentation of the remains described from: Natural causes A. Accidentation of the remains described from: Natural causes A. Accidentation of the remains described from the rem		

NAME OF CEMETERY OR CREMATORY

Cemetery

24. FUNERAL DIRECTOR

Arlington Nat'l

LOCATION (City, town, or county)

Arlington, Virginia

TumplaySilver Spring, Md.

(State)

S A HI TIME

this this

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After

registrar within 72 hours after death. by the funeral director, the third cop

₽.5

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 1942

01908

1. PLACE OF DEATH									
				2. USUAL RESIDE	NCE (HOME) OF	DECEASE	D		
COUNTY MONTG	OMERY	MARYL	AND	STATE MARYL	AND COUNT	y MON	TGOMI	ERY	
CITY (If outside corporeta I in OR and give nearest town)		LENGTH O		CITY (II outside cor	porate limits, write RURA	L end give nea	rest town)		
X TOWN KENSINGT			ears	TOWN KENSI	NGTON				
HOSPITAL OR INSTITUTION OR TO THE	I WITT DWOOD DO	4 D		STREET ADDRESS 30 3		give location)			
STREET ADDRESS LU, L.	LI WILDWOOD RO			10,1	11 WILDWOOD	RUAD			
3. NAME OF	First) (A	Aiddle)		(Last)	4. DATE (M		(Dey)	(Ya	ar)
	HA WICKERSHAM					EBRUAR		17	56
5. SEX   6. COLOR O		DRCED	8. DATE O		9. AGE last birthday	IF UNDER	1 YEAR Days	IF UNDER Hours	24 HRS
FEMALE WHITE	WIDOWED DIVIC (Specify) WID		7	RY 15, 1874	82 yr	5.			1
10s. USUAL OCCUPATION (Give done during most of working	kind of work 10b, KINE life, even if OR	OF BUSINES	S	11. BIRTHPLACE (Stella or for	eign country)	12	COUN	N OF WH. TRY?	AT
done during most of working retired RETIRED	HOMEMAKER OW	N HOME		INDIANA		-	U. S	S. A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
DAVID WICKERS	HAM			MARY LARG					
15. WAS DECEASED EVER IN U.	S. ARMED FORCES? 16. var or dates of service)	SOCIAL SEC	URITY NO.	17. INFORMANT &	ADDRESS KENS	SINGTON	, MD.		
(Yes, no or unk ) (If Yes, give v	rat or dates of sarvica)	NONE		LEWIS A.	DILLE, 10,1	11 WIL	DWOO	D ROA	D,
/ IMMEDIATE CAUSE			nn bu	TANDINY E	WATER I	NICE K	-		
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE O STATING UNDERLYING CAUSE  11 OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT	(S) DUE TO ANY, (B) AUSE DUE TO LAST. (C) NS CONTRIBUTING ED TO THE	Arte	KJo-	sclerosio	wees 3	NIGO K			
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE O STATING UNDERLYING CAUSE  11 OTHER SIGNIFICANT CONDITIO	(S) DUE TO ANY, (B) AUSE DUE TO LAST. (C) NS CONTRIBUTING ED TO THE	Ay to	KJ0-	sclerosio	s S	arios k	20	, AUTOPS	SY?
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE O STATING UNDERLYING CAUSE  11 OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUS  190. DATE OF OPERATION	(S) DUE TO ANY, (B) AUSE DUE TO LAST. (C) NS CONTRIBUTING ED TO THE NG DEATH.  19b. MAJOR FINDINGS C			sclerosio	s S		YES	□ NC	
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE OF STATING UNDERLYING CAUSE  11 OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUS  198. DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM	(S) DUE TO ANY, (B) AUSE LAST. DUE TO (C) NS CONTRIBUTING ED TO THE NG DEATH.  19b. MAJOR FINDINGS C  G	farm, factory lice bldg., atc	2	SCRETOS S		(Coun	YES		
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE O STATING UNDERLYING CAUSE  11 OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUS  190. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING  CAUSE OF D	(S) DUE TO ANY, (B) AUSE LAST. DUE TO (C) NS CONTRIBUTING ED TO THE NG DEATH.  19b. MAJOR FINDINGS C  G	farm, factory lice bldg., atc.	2	Ic. WHERE DID INJURY OCC		Coun	YES	□ NC	
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE OF STATING UNDERLYING CAUSE  11 OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUS  19. DATE OF OPERATION  21. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING  CONTRIBUTING  CAUSE OF DE IF EITHER, NOTIFY MEDICAL EXAM  21. TIME OF INJURY (Month)	(S) DUE TO ANY, (B) AUSE LAST. DUE TO (C) NS CONTRIBUTING ED TO THE ING DEATH.  19b. MAJOR FINDINGS C  (G	farm, factory fice bidg., atc. INJURY OCCURA Not styles	JRRED work	19. 10	UR?	6.6., that I date state own, stele)	last saw	V the deposit of the second se	cease 6 /6
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE OF STATING UNDERLYING CAUSE  11 OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUS  198. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM  21d. TIME OF INJURY (Month)  22. I hereby catify in alive on 1  31 BURIAL, CREMATION,	(S) DUE TO ANY, (B) AUSE LAST. DUE TO (C) NS CONTRIBUTING ED TO THE ING DEATH.  19b. MAJOR FINDINGS C  (G	farm, factor, fice bidg., atc. INJURY OCCUR.  Note of the second of the second from	JIRRED I Work Occurred at.	19. 10 to	causes and on the		last saw d above FEB.	v the deal of the second of th	cease 6 76
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE O STATING UNDERLYING CAUSE  11 OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUS  19. DATE OF OPERATION  21. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM  21d. TIME OF INJURY (Month)  22. I hereby catify in alive on	(S) DUE TO ANY, (B) AUSE DUE TO (C) NS CONTRIBUTING ED TO THE ING DEATH.  19b. MAJOR FINDINGS C  (G) (G) (G) (G) (F) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	farm, factor, fice bidg., atc. INJURY OCCU rk o st. sed from	JRRED 2  JRRED 2  work 0  occurred at.	19. I, to	causes and on the PRESS (Street, city, to LOCATION (City, to PRINCE G)	N. W.  Down, or county  EORGE 1	last saved above FEB.	V the deep of 1	cease 1676 195

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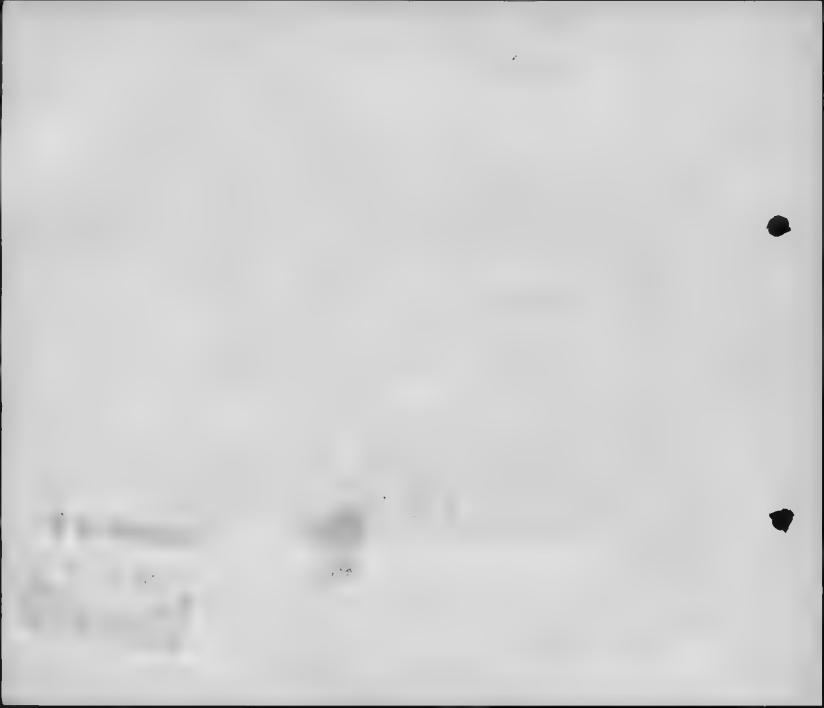


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

"A Pin Hilling

MARYLAND STATE DEPARTMENT OF 1	HEALTH—BALTIMORE, 18	el. 9541	
MEDICAL EXAMINER'S CER	PRINCIPLE OF THE PRINCIPLE	No. 2/6	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY VIG nT MARYLAND	STATE MA COUNTY MONT		
OR and give nearest town) TOWN  OR TOWN	CITY (If outside corporate limits write RURAL and OR TOWN SCHOOLS OF	give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBUY BETH HOSP.	STREET 6109 Dun beer Ct.		
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Kalent M.	(Last) 4. DATE (Month) (Day) OF DEATH -786 22	(Year) 19 56	
	OF BIRTH: 9. AGE last birthday: IF UNORR I VE		
10s. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): NONE 10b. KIND OF BUSINESS OF INDUSTRY:		COUNTRY!	
13. FATHER'S NAME: P. Gaeter	Vancy alkan		
15. WAS DECEASED EVER IN U.S. ARMED FOR S. 16. SOCIAL SECURITY No.: (Yes, no, of unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	Jen 2	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH;		ONSET AND DEATH	
Immediate cause  (a)	erx-captypechar	to ar bearing	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	I se cline bronchishis	the following	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	e Hayander		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes ☑ No □	
21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   OF street, office bidg., etc. CAUSE OF DEATH.	1	(State)	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work ☐ at work ☐	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes of, Accidental Company of the Property of the Company of the	dent [], Suicide [], Homicide [], Undeterr CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM	nined cause [].  DATE SIGNED  2-22-3 &	
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 2-25-56 Rock Cree!		nty) (State) ADDRESS	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 7 / 26 56 (Lane M Asm barn	1 / 1	th esda Md	



VS. A15A - 5 - 53

## 1946 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery maryland	STATE aryland COUNTY Hontgoreny
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4606 Highland Avenue	STREET (If rural, give location) ADDRESS 4606 Highland Ave.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ELIZABETH M. Eklur	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 2. ( 195 (
E SEV COLOR OR . 7 CINCLE MARRIED 1 9 DATE	OF DIDTH.
Female White Specify Harried Feb.	. 22, 1912 43 yrs. Months Days 6 Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even in the life work life.	Washington, D.C. USA USA VIA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William M. Reading	Harriet Darneille
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
No   service)	Wm. H. Reading- Item # 2
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a) Coronary Ac	AL CERTIFICATION  INTERVAL BETWEE ONSET AND DEATH Classical
Antecedent cause(s)	in ted'
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No 🐼
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.  21b. PLACE (Home, farm, factory OF street, office bldg., etc. INJURY	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M.	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy 🔲, Inspection 🐼, Inquiry 🔯, an
	dent [], Suicide [], Homicide [], Undetermined cause [
SIGNATURE James & J Broschart	M. D. ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DATE SIGNED  2-5-56
28. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER BURIAL (Specify): 2-10-56 Rockville	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2/13-56 Bearing. Hompson	ADDRESS ADDRESS ADDRESS AND
	7

DECENAED

BUREAU V. S.

MARYLAN	ND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 1	
1947	CERTIFICA	ATE OF DEATH	()1913 Reg. Dist. No. 2//
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institute of STATE by COUNTY Maryland Mont	
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town)	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write f	RURAL and give nearest town)
Rural Etchison	Life	Rural Etchison	/
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	reet oddress)	Rt. #2 Gaithersburg,	Md. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Losi 4. DATE Moi	nth Day Year
(Type or print) Charle		on Evely DEATH Fet	
		8. DATE OF BIRTH 9 AGE (In years lost birthday)	Months Days Hours Min
310 40 1111 00	OWED DIVORCED	May 10, 1883   72 yrs.	
18a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			12 CITIZEN OF WHAT COUNTRY
Laborer 13. FATHER'S NAME	Farm	Maryland	USA
Washington Evely		INCOMENSAL Alice	Hatfield Evely
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] [If yes, give wor or dates of service]		.,	ealthersburg. Mo
18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: 422, IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which		i condionaculo desia	INTERVAL BETWEEN ONSET AND DEATH
gave rise to immediate cause (a), stating the under- lying cause last.			
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART I(0)  19 WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Port I ar Port II af item 18.)	
Hour e.m.	Od INJURY OCCURRED   20e. PL   for   work   of work	ACE OF INJURY (Hame, farm, ctory, street, affice bldg., atc.)	(County) (State)
21. I certify that I attended the decolive on Table 19		occurred otM, from the couses of ADDRESS (Street, city or town,	
PHYSICIAN'S NAME (Type) Dr. J. P.	Kerr	Damascus, Md.	*
220. BUR AL, CREMATION, 22b. DATE THEREOF BUR1al Feb. 23.	22c. NAME OF CEMETERY O		2.0
23. ECNERAL DIRECTOR'S SIGNATURE	Address Laylons	24g REC'D BY REGISTRAR 24b REGISTRAR DATE Feb. 23/856 200	STRAR'S SIGNATURE

(Day)

Days

Months |

(Year)

1956

Hours I

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY YES Z

(State)

(County)

DATE SIGNED

Rethesda, Md.

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MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	01915
1949 CERTIFICATE	E OF DEATH Reg. Dist.	No.216
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Mont	gomerv
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL at	
OR and give nearest town) TOWN Bethesda  (in this place) 20 years	TOWN Bethesda	×
HOSPITAL OR . INSTITUTION OR STREET ADDRESS 4225 Leland Street	STREET (If rural give location) ADDRESS 4225 Leland Street	
0, 11,446 01		Pay) (Year)
OECEASED: (Type or Print) Harriet B FR	RANKE DEATH: February	y 2 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, B. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	EAR IF UNDER 24 HRE.
	2, 1885 70 yrs. Months Di	Ays   Hours   Min.
10A USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired): Housewife	Pennsylvania	USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Unknown	Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
No of service) None	F. W. Franke-Same Item #2	
18. MEDICAL CERTIFICAT	ION	INTERVAL GETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A 4	ONSET AND DEATH
IMMEDIATE CAUSE (A)	I Kemarchase	12 line
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  (B)  (B)  (C)	expertensión de avano	5 year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	4	20. AUTOPSY?
		YES NO Z
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1 , 1956 to 2 2, 1956 that I last	saw the deceased
alive on 2	5.457M, from the causes and on the date s	tated above.
Shlanseres	03921- Lugamone LXXV-	2/3/51
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)

23. BURIAL, | Arlington National 1 2/1/1990 Burial DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRATE 6-56

Arlington Virginia HUNERAL DIRECTOR ADDRESS Bethesda, Md. Caronon motified and will affrone

Z .V UN



		MARYLAND STATE DEPARTA Litem 16 FilmG193 3-5-		01012
1		1950 CERTIFIC	ATE OF DEATH Reg. 1	Dist. No. 2/6
	) .	LACE OF DEATH COUNTY  MONTAGOMERU  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Reside. STATE b. COUNTY b. COUNTY	ence before admission)
	E	CITY OR TOWN (If outside corpojate limits, write) c. LENGTH OF STAY IN 16 RURAL and give nearest town)	c. CITY OR TOWN (If obtside corporate limits, write RURAL on	
TA	~ 7 ,	OR INSTITUTION Suburban AND HOS ETTO-1	d STREET ADDRESS  302 DE AND DRUSE.	e. 15 RESIDENCE ON A FARM? YES NO 19
4		IAME OF First Middle FECEASED Type or print)  August 1	Last 4. DATE Month OF DEATH Q	Doy Year 29 1956
	<b>5.</b> S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		ER 1 YEAR IF UNDER 24 HRS.
i	«	USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR IND during most of working life, even it retired)	& Maryland	U,S.
		MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117	14 MOTHER'S MAIDEN NAME	-
1	(Yet	No (If yes, give wor or dates of service) 70 -10 -5910	BOD DOGO DIENE ROED	will md
		18. CAUSE OF DEATH [Enter only one couse per line for (b), (b), and (c) ]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brenchies	tasis	INTERVAL SETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate (b) Emphysemi	<u></u>	15-yr
	7	lying cause last.  DUE TO  Branchiul	arthma	15-yu
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL		ART I(a) 19 WAS AUTOPSY PERFORMED? YES NO [2]
	CER	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture af injury in Part I ar Part II af item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while at work of work	LACE OF INJURY (Hame, farm, 20f. (City or tawn) actory, street, office bldg., etc.)	(County) (State)
		21. I certify that I attended the deceased from Messel alive on Tele 28, 12 50, and that deal	1 DC / D	I last saw the decease
		ACTUAL Stychen C. Cromwell	ADDRESS (Street, city or town, state)  M.D. 4/5-W. Miss General 1	DATE SIGNE
		PHYSICIAN'S NAME (Type)	Rochwell Mil.	
	220	BURIAL CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY REMOVAL (Specify) Mch. 2-1956 3411 Trad	OR CREMATORY 22d. LOCATION (City, town, or country)	edlas Ind
	23.	Aum 152 & La Parl of La Mairan	240. REC'D BY REGISTRAR 246. REGISTRAR'S DATE. LESSEE	W. Thompson

BUREAU V. R.

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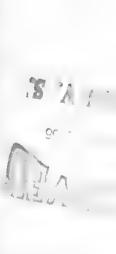
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	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18	01	
1952	CITAT	CERTA O TELEBRA	OT	TATA A MAYY			

	CERTIFICATI	E OF DEATH Reg. Dist. No.
>	I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:
<u> </u>	Manteamery	Mal annua Materia
leg	COUNTY / (1/ 9/ M C / MARYLAND  CITY (If outside corporate limits, write RURAL, LENGTH OF STAY)	CITYII outside corporate limits, write RURAL and give nearest town
and legibly	TOWN (in this place)	TOWN Silver Saverna
	HOSPITAL OR	STREET (If rural give location)
clearly	INSTITUTION OR STREET ADDRESS	ADDRESS 2 4/6
cle	707.0	3770 Janes 11C
유	DECEASED: 1)	(Last) 4. DATE (Month) (Day) (Year)
death	5. SEX:   6. COLOR OR   7 SINGLE, MARRIED.   8. DATE	OF BIRTH: 9. AGE last birthday if under tyear is under a Hes.
of c	RACE: WIDOWED, DIVORCED. (Specify):	· / 1076 7 / Months Days Hours   Min.
83	DA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
caus	work done during most of working life. OR INDUSTRY:	COUNTRY? U
	DITOZMANIZAC — CITA DODITAZIO	ITALY ITALY
the	13. FATHER'S NAME:	
write	GAETANO GENOVESE	TERESA RENNA
WL	IS WAS DECEASED EVER IN U.S. ARMED FORCES: 18. SOCIAL SECURITY NO.  (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
di "	NO of service) NONE	THOMAS GENOVESE, 3410 Janet Rd., Silver Sp.
pleas	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
Д	DISEASES ON CONDITIONS DIRECTED LEADING TO DEATH	ONSET AND DEATH
18:	IMMEDIATE CAUSE (A) CCVEST	of Art. 1 hrow 508,5 2 wys
ian	ANTECEDENT CAUSE (8)	1101 71
Physicians	DISEASES OR CONDITIONS, IF ANY. (B) CE PESTON	AVT. Jarerosis Hyromboses 20 yrs
Ph	STATING UNDERLYING CAUSE LAST	111 1 1 1 2
نب	(c) Ceres	ray Art Jagerosis as yes
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	enerth bearing to
por	DISEASE OR CONDITION CAUSING DEATH.	onsully threamy of Adays
im	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
A	rone	
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home_farm_fast) OR CONTRIBUTING CAUGE OF DEATH OF INJURY street, office bldg.,	
pe	(IF EITHER, NOTIFY MEDICAL EXAMINER)   21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	The How Dis Indian Course
93	OF "INJURY M. while Not while at work at work	2 21F. HOW DID INJURY OCCUR?
9/3	,	
90 60 60	22. I hereby certify that I attended the deceased from 1010	1, 1956 to / 4/66 , 1956, that I last saw the deceased
	alive on . 1 1. f	
correct	SIGNATURE & SIGNATURE	ADDRESS DATE SIGNED
10	23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETI	ERY OR CREMATORY   LOCATION (City, town, or county) / (State)
	REMOVAL (SPECIFY)	
	Transit & Burial Feb. 19, 1956	Fort Lee, New Jersey  ADDRESS ADDRESS
	REGISTRAR TO THE REGISTRAR'S SIGNATURE	
	to anel of solly	Change G. Jumphry Silver Spring, Md.





AND STATE DEPARTMENT OF HEALTH—BALTIMORE, Reg. Dist. No. 223 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: legibly. COUNTY NON7 COUNTY /// ON 1 MARYLAND LENGTH OF STAY CITYIIf outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) and and rive mearest fown) (in this place) OR information TOWN TOWN XO 11 STREET (If rural give location) HOSPITAL OR clearly ADDRESS INSTITUTION OR STREET ADDRESS (Middle) (Last) NAME OF First) ath OF of DECEASED: (Type or Print) DEATH: item de 8. DATE SINGLE, MARRIED OF 9. AGE last birthday | IF UNDER I YEAR RACES WIDOWED, DIVORCED. Months | Days Hours of (Specify): every 10B KIND OF BUSINESS ACE (State or foreign country); 12. CITIZEN OF WHAT USUAL OCCUPATION (Give kind of OR INDUSTRY: even if retired): PET work done doring most of working life. COUNTRY? 10 U Supply 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME write 17. INFORMANT & to SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates X Z . 1301 of service) 80 INTERVAL 63 MEDICAL CERTIFICATION Ö I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND ž Д D (A) Physicians IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY. (B) MARGIN WITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (0) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING AINLY. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE (Home, farm, factory. (State) 21A. ACCIDENT WAS UNDERLYING 21c. WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while While OF INJURY at work at work L ch. / , 195% that I last saw the deceased 22. I hereby certify that I attended the deceased from www 30, 1918 to 4 0 国 M, from the causes and on the date stated above. alive on Jan. 31 . 1957, and that death occurred at p. rect SIGNATURE ADDRESS DATE SIGNED XHW WITH M. D 🕼 SE NAME OF CEMETERY OR LOCATION (City, town, 23. BURIAL, CREMATION. REMOVAL (SPECIFY) EUNERAL DIRECTOR ADDRESS REGISTRARS SIGNATURE DATE REC'D BY LOCAL



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72 hours after de director, the third

# OR HOSPITAL The law requires that the death INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYSIC

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 1954 CERTIFICATE OF DEATH

01924

COUNTY	ontg Marylan	Mary	land COUNTY	ntg
CITY (If outside corporate limits,		TAY CITY (If outside co	orporate limits, wata RURAL and give a 1antown (Rur	m 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rura) give locatio	n)
3. NAME OF (First DECEASED WOrt)	ington (Middle)	Griffith	4. DATE (Month) OF DEATH	8 56 19
ale White	WINOWEN DIVORCED	Sept 23-1879	9. AGE last birthdey IF UND	PRYS Hours Min
10a. USUAL OCCUPATION (Give kind done during most of working life relired) No. 127 He U D	of work 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Laytonsv:	,	U S A
13. FATHER'S NAME Charles	H. Griffith	14. MOTHER'S MAID Heste	er Dorsey	White a main of the same and th
15. WAS DECEASED EVER IN U. S. / (Yas, no, or unk.) (If Yes, give wer			Grigfith. Ga:	thersburg.
I DISEASES OR CONDITIONS DIRECT	TLY LEADING TO DEATH	AL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
* * IMMEDIATE CAUSE	W Sutra C	rancal It	emonkas	1 10 day
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAU	y, (B) ailerio	ranial It	gine.	2 km
STATING UNDERLYING CAUSE LAS				-
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED D SEASE OR CONDITION CAUSING	TO THE			
19a, DATE OF OPERATION	196. MAJOR FINDINGS OF OPERATION			20. AUTOPSY
216. ACCIDENT WAS UNDERLYING	TH OF INJURY streat, office bldg., atc.)	21c. WHERE DID INJURY OC	CUR? (City or town) (C	Punity) YES NO (Stere)
OR CONTRIBUTING CAUSE OF DEAT				
OR CONTRIBUTING [] CAUSE OF DEA: (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. TIME OF INJURY (Month) (Da	y) (Year) (Hour) 21a. INJURY OCCURRE While Not wh M. at work at werk	nile [	CUR?	
(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. TIME OF INJURY (Month) (Da 22. 1 hereby certify that	M. While Not what work at work	11 5/, 19 5 6., 10. 7.	ch. 8., 19 J. Co., that	I last saw the decease
(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. TIME OF INJURY (Month) (Da 22. I hereby certify that	M. at work No! wh	uile	ch. 8., 19 J. Co., that	I last saw the decease ated above.  DATE SIGNE 2-9-5
22. I hereby certify that alive on Type	M. While Not what work at work at work.  I attended the deceased from the state of	uile	a causes and on the date state of the causes and on the date state of the causes (Street, city, town, state) and the cause of the cause	DATE SIGNE
21d. TIME OF INJURY (Month) (Da  22. 1 hereby certify that alive on Telephone  31 BURIAL CREMATION, REMOVAL (SPECIFY)	M. While Not what work at work at work.  I attended the deceased from the state of	curred at 1 at h. A. M., from the setery or CREMATORY	a causes and on the date state of the causes and on the date state of the causes (Street, city, town, stella) and the cause of the caus	DATE SIGNE

# BUREAU V. 2

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#### MARYLAND STATE DEPARTMENT OF HEALTH

1955

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Montgomery MARYLAND	Maryland COUNTY	Montgomery
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give	re nearest town)
OR give nearest swal Spring (ie) this place)	Town Silver Spring	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 3520 Nimitz Road	ADDRESS 3520 Nimitz Road	
3. NAME OF (First) (Middle)	(Last) 14. DATE (Month)	
DECEASED TENNESSEE JOSEPHINE		(Day) (Year)
(Aype of Films)	DEATH	19 56
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday   If under	I year   If under 24 hrs   Days   Hours   Min.
Female White WIDOWED, WIYORCED, (Specify) WIDOWED	2/9/74 81 ym.   Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT
done during most of working life, even if retired   INDUSTRY School Teacher (retired)  13. FATHER'S NAME	Iowa	COUNTRY'S A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Samuel Kinsinger	unknown Godfrey	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown)   (If yes, give war or dates of	Mrs. Amy H. Snyder, 3520 Nimitz	Rd
MO IBELVICE)		
18. MEDICAL CE	RTIFICATION Silver Spring,	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Carles Th	enterescleros	@ 2 wh
Immediate cause (a)	The matter and the following are as a sun of	2075
4-10-030-1-00-00(0)	1 - 1	
Antecedent cause(s) Diseases or conditions, if any, (b)	alerescleras	
giving rise to the above cause	THE OWNER OF THE OWNER OF THE PROPERTY OF THE OWNER OF THE OWNER OWNER OF THE OWNER	
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		<del>'</del>
Conditions contributing to the death but not		
related to the disease or condition causing death,		
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
2		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg, etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	4 4	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work   Work		
	7 31 17	
22. I hereby certify that I attended the deceased from	1956, to O.f., 1957, that I last s	aw the deceased
202 7	200 "	
alive on		ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Kenned G Ditrevald mit	9620 Old Blademotres Rd	2/4/56
26. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or count	(0)
Trans. Buffal 2/4/56 Glendale Cer		ty) (State)
All and the second		Journal & Tour
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR 8434 G	ADDRESS
2. 6 56 Frances Volter	Warner Co. Tumpher Silver Spr	ing Md

ŀ The commet PLEASE WRITH PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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MARKET

Bethesda, Md.



BUREAU V. 3.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 1957 CERTIFICATE OF DEATH

01928 Reg. Dist. No. 2/6

1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEA	SED
COUNTY Montgomery	MARYLAND	STATE Maryla	nd county Jon	teomery
CitY (If outside corporete limits, write RURAL OR end give negrest town)	LENGTH OF STAY (in this place)	1 08	nd COUNTY Jon Hinits, write RURAL end give	nearest town)
, Town Bethesda	(iii iiiis prece)	TownKensing	ton	
HOSPITAL OR		SIKEEI	(if rural giva locati	on)
street address Suburban Hosp	ital	ADDRESS 10608	Nash Place	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Yaer)
DECEASED (Type or Print) GEORGIA SARA	***	Company	OF DEATH Feb.	26. 19 56.
5. SEX   6. COLOR OR   7. SINGLE, MA	ARRIED, 8. DATE C	OF BIRTH 9.		IDER 1 YEAR HE UNDER 24 HRS.
Female White Widowed	DIVORCED. 4-13	-65 9	O yrs. Month	Deys Hours Min.
1De, USUAL OCCUPATION (Give kind of work done during most of working life, even if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
retired Housewife Ow		Constable. Ne	w York	USA
13. FATHER'S NAME		14, MOTHER'S MAIDEN NA		
Coorgo Hostings		Mosser E D1	om a based	
George Hastings  15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	Mary E. Bl	RESS	
(Yas, no, or unk.) (If Yes, give wer or detes of service)				44
No 1	None 18. MEDICAL CEI		H. Rand- It	em 2
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH . MEDICAL CE	RITICATION		ONSET AND DEATH
AMMEDIATE CAUSE (A)	ulmonain	Edensu.		
	1.	0 1 0 1		
MITTELEDENT CAOSE(S)	nyo care	lead In fee	ill.	
STATING UNDERLYING CAUSE LAST. DUE TO	J	l		
(C)  TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE	Tracting	it him.		
DISEASE OR CONDITION CAUSING DEATH	GS OF OPERATIONS		^ ^	20. AUTOPSY?
A S C I I I I I I I I I I I I I I I I I I	e st. huz	:1608 Na	e Pl.	YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE (FOR CONTRIBUTING CAUSE OF DEATH OF INJURY street		21c. WHERE DID INJURY OCCUR?	(City or lown)	County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) [Hour]	210. INJURY OCCURRED	21. HOW DID INJURY OCCUR?	V 1	
	While Not while of work	Fell at he	me	
22. I hereby certify that I attended the de	eceased from	, 19. 2, to	, 19, the	at I last saw the deceased
alive on February 1956,	and that death occurred a	M, from the cau	ises and on the date st	tated above.
SIGNATURE A	. 0	ADDRE	SS (Street, city, town, state)	DATE SIGNED
Julius & Curling	M.O. /	362-10ch 21	141 (2.C.)	Fx62831
23. SURIAL, CREMATION DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or co	
Burial-Transit 2-29-56	Constable		Franklin C	ounty
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNAT		25. FUNERAL DIRECTOR'S SIG	Angtable, N	• -ADDRESS
DATE 7, -29-56 Bessie	4. Hourselson	Robert A. Pu	mphrev-3eth	esda.M.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1193)

1950	CERTIFICATE	OF DEATH

Reg	Dist.	No	91	10
IVUK.	DIST.	JAO.	OC.	4

	1959 CERTIFICAT	E OF DEATH Reg. Dist	. No. 216.
oly.	I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D: \
Supply every item of information carefully te the causes of death clearly and legibly.	COUNTY MONTGOMEN MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY  OR and give nearest town)  TOWN BETHESCA  I month	TOWN Rock ville	ino give nearest town
nforma	HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBUYBAN HOSP.	STREET ADDRESS 4816 CX Bow R	oad
em of ir death o	S. NAME OF DECEASED: (Type or Print) FOYENCE MARLED.  S. SEX:  16. COLOR OR 17 SINGLE, MARRIED.  RACE! WIDOWED, DIVORCED.	OF BIRTH: 19. AGE last birthday if under 1	
causes of	Fe male white (Specify): (Jan May of Business work done during most of working life)  OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
ly er	even if retired) HOUSEWIFE	HINEMAN, TENNSY VANIA	И.5.А.
K. Supply write the	Newham	Malone	y
	13. WAS DECEASED EVER IN U.S. ARMED FORCES: (Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Ann Newcome	· · · · · · · · · · · · · · · · · · ·
	18. MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
TH UNFADING Physicians: plea	IMMEDIATE CAUSE  ANTECEDENT CAUSE (B)	in O 1- 1/ 1 V Di	ONSET AND DEATH
Phys	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	neve adde-Varandae Menal desen	<u> </u>
310	TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	Ceturoleonis Heales	
2	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
WRITE PL especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, etc. INJURY OCCUR?	ty) (State)
Part .	21b. TIME (Month) (Day) (Year) (Hour)  OF "INJURY   21E INJURY OCCURRED  While   Not while   at work   at work		,
PPE OR	22. I hereby certify that I attended the deceased from 1/4.  alive on 2/4	4:25 AM, from the causes and on the date	
PLEASE TYPE correct ag	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, LOWN, or	2/5/56
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS .
	2 6-56 Benie M. Hompson	VHELY CHASE FUNERAL HOME	Nul.

VS. A15 - 10 - 53

MARGIN RESERVED FOR BINDING

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REGISTRAR

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Physicians:

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A15 - 10 - 53

VS.

DATE REC'D BY LOCAL REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	91934
400	No. 1664
1. PLACE OF DEATH:   2. USUAL RESIDENCE (HOME) OF DECEASED	);
COUNTY MONTGOMERY  CITY (If outside-torporate limits, write RURAL) LENGTH OF STAY (in this place) TOWN KENSINGTON GARDENS SANITARIUM  HOSPITAL OR INSTITUTION OR KENSINGTON GARDENS SANITARIUM  TOWN WASHINGTON  STREET ADDRESS  TOWN WASHINGTON  STREET ADDRESS  TOWN WASHINGTON  STREET ADDRESS  TOWN WASHINGTON  STREET ADDRESS  TOWN WASHINGTON  STREET ADDRESS	nd give nearest town)
DECEASED: (Type or Print) CAROLINE H. HERTZBERG DEATH FEBRUAR 5. SEX:   6. COLOR OR   7. SINGLE MARRIED.   8 DATE OF BIRTH:   9. AGE last birthday IF UNDER 1 Y	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS   11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT COUNTRY?
Allen Hollander  18. WAR DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give war or dates of service)  18. Social Security No.   17. INFORMANT & ADDRÉSS:	
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  (A) Carriary Throughest  Due to	22 his
DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OUE TO	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21a. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21a. ACCIDENT WAS UNDERLYING 21a. PLACE (Home, farm, factory, OF INJURY Street, office bldg., etc. INJURY OCCUR? (County of INJURY OCCUR?)	y) (State)
OF INJURY  M.   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While   Not while   at work   at work	
22. I hereby certify that I attended the deceased from Fab, 1940, to Fab	stated above.
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY)  2-10-1956 Washington Lebrew Wheel. D.  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1/24. FUNERAL/DIRECTOR	

P1 83,

TH ATTENDING PHYSIC

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 1963

	I. FLACE OF BEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
	COUNTY PENTARMETY MARYLAND	STATE / 274 /27/ COUNTY / 167/	t.7.
	CITY (If outside corporate fimits, write RURAL   LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give nee	rest/town)
١	OR and give nearest town)  (In this place)  TOWN  TOWN	TOWN BOUNTS - RED	
	HOSPITAL OR	STREET (If rural give location)	
	INSTITUTION OR	ADDRESS	
	STREET ADDRESS JUT La Ban Hospital		
ı	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Dey) (Year)
١	(Type or Print) William Mindsor Itea	PEATH 2	11 1956
١	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F/BIRTH 9. AGE lest birthday   IF UNDER	TYEAR JIE UNDER 24 HRS.
ı	MIDOWED, DIVORCED, 1	17-1874 81 yrs. Months	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 1		CITIZEN OF WHAT
	dona during most of working life, even if Q2, INDUSTRY	14 1	COUNTRY?
2	retired) Clestive tarin CVYDER	110ryland	4.5
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ı	William Hodges	Mary E. Windsor	
ı	15. WAS DECEASED EVER IN U. S. ARMED FORCES!   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
1	(Yas, no, or unk.) (If Yes, give wer or dates of service)	14 - 18, 101 LL 7 F	2. 1. IV.
	1785	111211111111111111111111111111111111111	6145/11
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	ONSET AND DEATH
	600.0 IMMEDIATE CAUSE (A) Wesnion		2-turcho
1			
	DISEASES OR CONDITIONS, IF ANY, (B)	on lives	3-months
	GIVING RISE TO THE ABOVE CAUSE		2 2 - CI - CU-)
١	STATING UNDERLYING CAUSE LAST, DUE TO	La Company	Eldina
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		Jeans.
	TO THE DEATH BUT NOT RELATED TO THE	- the elliter	6 12 010
	DISEASE OR CONDITION CAUSING DEATH.  199. DATE OF OPERATION  199. MAJOR FINDINGS OF OPERATION	s or cercuis	o years
	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION		YES NO DE
۱	21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, factory, 1 21	Is. WHERE DID INJURY OCCUR? (City or town) (Cour	I VI
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	(COUNTY OF THE PROPERTY OF THE	[21810]
1		ZIF. HOW DID INJURY OCCUR?	
	M. at work at work		
	1750	- 129.1.5	
١	22. I nereby certify that I attended the deceased from	, 197.4, to	
ı	alive on		d above.
	SIGNATURE	ADDRESS (Strawt, city, town, stets)	DATE SIGNED
	John & Jansen Mo	Revent That	13 Jah 56
	23. BOBAL, CREMATION, O DATE THEREOF   NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county	(State)
	PREMOVAL (SPECIFY) 1/14/5/ M+1)/	wort land will	MI
2	24 REC'D BY REGISTRAR   REGISTRAR SIGNATURE	1 25 FIRST PLANTED AND STORY S	114
	7 4 11/198X 1/100 1/2/1984	25 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	DATE LOVING, 100	VIIIIm Bitilitan	. Barnesell

BUREAU V. L.

FEB 16 1956

24. FUNERAL DIRECTOR

H.S. Washington to Jones

(Year)

NO

(State)

DATE REC'D BY/LOCAL

REGISTRAR

A MARIANA .

VS A1S (4) 1SM 9/SS

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
1965	CERTIFICATE	OF DEATH	

**CERTIFICATE OF DEATH** 

01937

								النشار المتناك		
1. PLACE OF DEATH COUNTY Mont	gomery		MARY	LAND	a STATE	CE (Where deceo	sed I ved. If natitut b. COUNTY			mission) omery
b. CITY OR TOWN (If ou RURAL and give neares	stride corporate limi	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOV	/N (If outside cor	parate limits, write l	RURAL and giv	e nearest	town)
T	er Spri	ng			Silver	Sprin	g	word a		
d. NAME OF HOSPITAL (	(If not in haspital, g stern Av	ive street o			7723 I		Avenue		0	RESIDENCE ON A FARM? S NO 2
3. NAME OF	Fin	ıl .	Middle		Last	4. DATE	Mo	nth	Day	Yeor
(Type or print)	Mary		Griebel		oworth	OF DEAT	H Febru		1.	19 56
		7. MARR	IED NEVER MARRIE	ED 🔲 E	DATE OF BIRTH	- 0ml	9. AGE (In years last birthday)			INDER 24 HRS
female	white	WIDOWE	D DIVORCE		July 25,	, 1874	81 7	Manths D	ays Ho	iori Min.
100 USUAL OCCUPATION ( during mast of working HOUSOWIT	Give kind of work of life, even if retired	lone 10b.	KIND OF BUSINESS O	R INDUS	WILK	(State or foreign	country)		.S.	HAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MA	IDEN NAME				
Gustave	Griebel				Cathr	ine R	einhart			
15. WAS DECEASED EVER IN	U S. ARMED FOR		SOCIAL SECURITY NO		FORMANT			ress	30	-
no			no	G	raham Fu	meral	ome Wi	LIKes-	Barı	ce, ra.
Conditions, if any, gave rise to immocose (a), stating the lying couse last.	WAS CAUSED BY: MEDIATE CAUSE (a  DUE TO  which ediate under- (c)	a.	there-	the sel	lywar Lite X	Leut a	liles.		5 l	IL BETWEEN AND DEATH
CATE		DITIONS	NEKLET	ATH BUT	Le Lary	ETERMINAL DISEA LALL	SE CONDITION GI	VEN IN PART 1	- PE	REFORMED?
	CAUSE OF DEATH DICAL EXAMINER)	206. DESC	TRIBE HOW INJURY O	CCURRED	. (Enter nature of in	ury in Part 1 or P	ort II of item 18.)			
ZOc. TIME OF INJURY Haur o. m. p. m.	Month, Day, Yea	20d. IN While at work	SURY OCCURRED Na1 while of work	20e, PLA foci	CE OF INJURY (Horr ary, street, affice blo	e, farm, 20f (Ci lg., etc.)	ty or tawn)	(Cai	unly]	(State)
21. I certify that alive on	accin face of the	decease	1111	death	0.7717	30P M. fro	Street city or town.	and on the		the deceased tated above DATE SIGNED
PHYSICIAN'S NAME (Type) FT	ancis X	Ric	chardson				Energy energy			*******
20. BURIAL, CREMATION, REMOVAL (Specify) Removal		756	Hollenb		CREMATORY Cometer		ATION (City, town, lkes-Bar		Pa.	(State)
23 FUNERAL DIRECTOR'S SI		290	APPRESS			REC'D BY REGI		STRAR'S SIGN	ATURE	.,),
The S. H.	Mules 9	WA WA	shington	8. n	N . W . DA	TE / 23/	sto rts	avel	صر	Talio.

acri . 53-

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4	388	CERTIFICATE	OF	TOTAL A PICTOR	
1	SON	OBRITTOATA	U.	DEALL	

Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: North Carolina Montgomery STATE COUNTY MARYLAND CITY If outside corporate limits, write RURAL LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) OR OR TOWN TOWN Havelock Bethesda Bural HOSPITAL OR STREET (If rural give location) ADDRESS INSTITUTION OR 14 Daphne Court STREET ADDRESS U. S. Naval Hospital (First) (Middle) DATE (Month) 3. NAME OF (Last) (Day) (Year) DECEASED: OF 56 February Geraldine HRIN Mary (Type or Print) DEATH: 19 6. COLOR OR 17. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR RACE: WIDOWED, DIVORCED. Months Days Hours | (Specify): Married 4-2-18 White IOA USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS P1. BIRTHPLACE (State or foreign country): 112 CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: COUNTRY even if retired Housewife Pennsylvania Housewife 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: VIDLICKA Michael WANDRICK IL. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. THUSERSAND BY HISTORY (Yes, no, or unk.) (If Yes, give war or dates Unknown Same as above INTERVAL BETWEE DISEASES OR CONDITIONS DIRECTLY LEADING ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) While Not while OF INJURY at work at work 22. I hereby certify that I attended the deceased from 16 Jan , 1956, to 9 Feb . 19 50 that I last saw the deceased and that death occurred at 7;00PM, from the causes and on the date stated above. alive on . 2 DATE SIGNED SIGNATURF Naval Hospital, NNMC, Bethesda, Maryland DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIAL, CREMATION. REMOVAL (SPECIFY) Arlington, Virginia Arlington National Cemetery 15 Feb 56 Bur ial REGISTRAR 6 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE R4 A TUNFTHON THE FT Paneral Home

7557 Wisconsin Avenue, Bethesda, Md.

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34 T.M.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FUNERAL

DIRECTOR

(Day)

Days Hours

COUNTRY?

America

20.

DATE SIGNED

(County)

AUTOPS

(State)

(Year)

AND DEATH

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DATE REC'D BY LOCAL

REGISTRAR

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01940

#### 1967

### CERTIFICATE OF DEATH

Reg. Dist. No. 2.16

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Wont comery MARYLAND	state Maryland county Contgomery
CITY Ill outside corporate limits, write RURAL   LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give nearest town)
OR and plye nearest town) TOWN Bethesda  (In this place)	TOWN Bethesda
C	
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location)
'STREET ADDRESS 7211 Fairfax Road	7211 Fairfax Road
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yest)
(Type of Print) TO COURT T EXTING	DEATH TOD 20 1056
RUDDAR L. NUN	360. 20.
RACE WIDOWED, DIVORCED.	Months I Dave House I Mile
lale white (Specify) Larried Sept.	4.1891 64 yrs. 5 21
10a. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS ]	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if Jone St. MOVE Tege &	Washington, D.C. USA
relifed Broker  13. FATHER'S NAME  Hunter Brokers	1 14. MOTHER'S MAIDEN NAME
IS. PATRICKS NAME	14. MOTHER 3 MAIDEN NAME
Rosser L. Hunter	Annie Briggs
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Irs James C. McKay
(Yes, no, or unk.) [If Yes, give wer or detes of service) 578-46-8847	1/10
yes - WW 1 & 11 12/8-40-884/	TIFICATION STREET, Chevy Chevagenetin
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE IAI Cardiac Faily	re-arterio selevotic heartdisease est. Turs
200 100	
DISEASES OR CONDITIONS, IF ANY, (B) ATTENTO SCIENCES IS	& palmonary insufficiency Tyrs.
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST, DUE TO	physemi - 7 use
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	THE SCHOOL STATE OF THE STATE O
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, Carcinema Colon at	nd urinary bladder 2 yrs
DISEASE OR CONDITION CAUSING DEATH. CAPCIFICATE COLON OF 190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 1	20 / HITOPEY?
sept 1955 Obstruction oder, maliane	nut - relieved by resection YES IN NO IN
21e. ACCIDENT WAS UNDERLYING 1 21b. PLACE (Home, ferror factory-	ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH, OF HAURY proof, office bidg., poto.)	None
[IF EITHER, NOTIFY MEDICAL EXAMINERIA]  21d, TIME OF INJURY (Month) (Day) (Yoer) [Hour) 21e, INJURY OCCURRED ]	21f. HOW DID INJURY OCCUR?
While Mot while	None
22. I hereby certify that I attended the deceased from January	
10:30 Mon 27 Feb 19.56 and that death occurred at	10.55AM, from the causes and on the date stated above.
BIGNATURE / /A O WING GER WO COO)	ADDRESS (Street, city, lown, state) DATE SIGNED
Felward Af Drest MW (24-Col MC, U.S.A.)	Watter Read Army Hespital Wash Dc. 28 Feb 56
23. BUR.AL, CREMATION,   DATE/HEREOF   NAME OF CEMETERY OR	CREMATORY LOCALIEN (City, flown, or county) (State)
REMOVAL (SPECIFY)	
3-2-56 Arlington 19	
24, KECD BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATO -1 - 56 Dessie M. Homkson	Robert A Durnhau Bethesda. I'd.
The state of the s	The state of the s

9961 S 9AM:

BUTEAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01942

	Ę	1969 CERTIFICATE	OF DEATH Reg. Dist	
-	- E '	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D.
/	carefully.	m. Tour	ynd me	7:-
	E   SE   EE	COUNTY, 77 SALGATA MARYLAND  CITY (If outside corporate milts, write RURAL, LENGTH OF STAY)	CITY If outside corporate limits, write RURAL	x ligamory
**		OR and give nearest town) (in this place)	OR TOWN POLICE	and give mearest jobwii)
	atio	TOWN Bellevila 11day 3 hrs.	BUCKURA	
	in the	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1 01
	every item of information auses of death clearly mnd	STREET ADDRESS Juburlav	3904 Kingsward	10
	in h	DESCRIPTION AND ADDRESS OF THE PROPERTY OF THE	(Month)	Dayl (Year)
	eat	(Type or Print) Deychina Ouge Toured	DEATH.	8 1956
	d d	5. SEX. 6. COLOR OR 7. SINGLE. MARRIED. 1 8. DATE	OF BIRTH 9. AGE last birthday IF UNDER 1	
4	/ ite	Temale (1) (Specify): ym /1-10	1-10 45 yrs. Months 1	Days   Hours   Mln.
	causes	10A USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
J.	lau ev	even if retired): Secretary	Yorkingland, Life	COUNTRYT
NIC.	oly le c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
FOR BINDING	Supply te the c	E. inide Eller	matter	
) I	- Part	15. WAS DECEASED EVEN IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
光		(Yes, no, or unk.) (If Yes, give war or dates	21.1. 8 () 1	/ /
F		No of service) yes	Culin & Freek Ruit	10.0
8	ADING IN	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	on /	ONSET AND DEATH
VE	5	193X	,	ONSE! AND DEATH
MARGIN RESERVED	TH UNFAI	IMMEDIATE CAUSE (A) ACCORD	Klimma of brain +	17 YES.
ESS	UNE,	ANTECEDENT CAUSE (8) DUE TO MANY T	2. 1. 1. m. 77 Danis	
~	U vsis	DISEASES OR CONDITIONS, IF ANY, (B)	year ged miles	
Z	표선	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
RG	<u> </u>	(C)		
IA		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	PLAINLY,	DISEASE OR CONDITION CAUSING DEATH.		
	N d m	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
				YES NO X
-		21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, facto	ry. 21c. WHERE DID (City or town) (Coun	
-	WRITE	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., «	etc. INJURY OCCUR?	, , , , , , , , , , , , , , , , , , , ,
	RI	210. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	- Ch-	OF INJURY While Not while at work at work		
	OR e		10% 4-2/9 10%-45-471	. 41 1. 1
		22. I hereby certify that I attended the deceased from M. J.	, 1954, to 2/8, 1956, that I last	
o .	D.	alive on 1950, and that death occurred at		stated above. TE SIGNED
	T Se	1 201		
	SE TYI	23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	D. 430/ 248 JF VA	
10	PLEASE	PEMOVAL (SPECIEY)	Mar. 3	
₫.	E	Burial	2 Arlington, V	/irginia
ń	p.	REGISTRARS	della Bethe	address
-		11/56 Denne M. thompson	The Variable of the state of th	

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1898 CERTIFICATE OF DEATH

Reg. Dist. No. 223

	24			
	carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	);
12.7	FF IS	San at	3- /	/
f.g.u	E 50	COUNTY / Langamery MARYLAND		7 Tgomery
_/	_	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
	zion and	OR and give nearest town (in this place)	TOWN & TOWN	70/
		dakama vante + day	Delle Harry	u, Ind.
	righ ma	HOSPITAL OR	STREET (If rural give location)	,
	0 28	STREET ADDRESS	13370-1 Tens	212/
	m of information death clearly and	3. NAME OF (First) (Middle)	Last)   4. DATE (Month) (I	(25-1)
		3. NAME OF (First) (Middle) (	Last) 4. DATE (Month) (I	Ouy) (Year)
	S 5		no SS 22 DEATH: Jedeur	101956
		5. SEX:   6. COLOR OR , 7. SINGLE, MAIRIED,   8 DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 y	
	ite	RACE: WIDOWED, DIVORCED. (Specify):740		ays Hours Min.
		Temale while Married 12.	17.17 38 yrs.	
1	every	IOA. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
r 🖄	ev au	even if retired): Housewife Own home	M a	COUNTRY
4/	> 0 "		14. MOTHER'S MAIDEN NAME:	UA
BINAMEN	Supply te the	13, FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Z	ur t	O. There T. Reacher	Managerete Floris.	
20	2 5	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST   IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
PH .	K. Su write	(Yes, no) or unk.) (If Yes, give war or dates 212-03-6861	Mr. Alf Johannessen, 133 Fleet	anara Tonna
FOR		of service)		
	G 3	18. MEDICAL CERTIFICATI	on Silver Spring	Mary land
뭂	NG IN	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
RESERVED	NIO	1	. 10	
器	A V	IMMEDIATE CAUSE (A)	mia of Ilgnancy	2 months
5/2	도 등	DUE TO	1	Service Control of the Control of th
8	UN	ANTECEDENT CAUSE (B)	· marillation	1
	NS S	DISEASES OR CONDITIONS, IF ANY. (B)	it proporties	1 year
2	E	STATING UNDERLYING CAUSE LAST. DUE TO		0
9		(C) Colonto	al hubertanna	1-29501-
ARGIN	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	W IT MANONINI	- pour
<b>X</b>	ta ta	TO THE DEATH BUT NOT RELATED TO THE		U
-	1 0	DISEASE OR CONDITION CAUSING DEATH.	esuy	
	AINL	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
				YES NO X
	PL.			
	ct	21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, factor CONTRIBUTING ☐ CAUSE OF DEATH) OF INJURY street, office bldg.,	ory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
70	TE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCURY	
	RIT	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	E 0	OF INJURY While Not while		
	24 .55	M.   at work   at work	1 1 1	
	0 0	22. I hereby certify that I attended the deceased from	17. 19.53, to ASK 9., 19.56 that I last	saw the deceased
~	8.0			
ත භ	0.		2:43 QM, from the causes and on the date:	
d	TYPE rect ag	SIGNATURE.	ADDRESS . DAT	E SIGNED 2 - 10-56
1		While C. Sones M.D 9188 Km	Broth Usine Silver Ill	mg md.
-	SE	23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, toyin, or	county) (State)
12	<<	=====1 <i>dd</i>	E.Church Cemetery, Kemptown, Ma	
≪ .	F	Burial 2/13/56 Providence M.	ptourrent centerer. A' wembrown' wa	MATHIO

3 1

A15 - 10 - 53

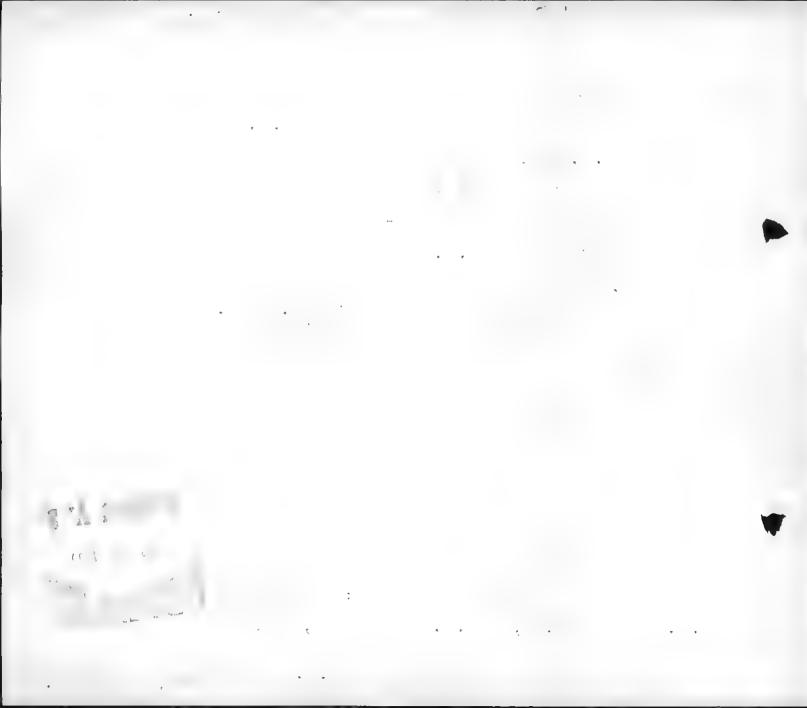
VS.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01944

1970 CERTIFICATE OF DEATH

er Dist No 215

.2.7.3.7	3, 2, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY-
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	Y CITY(If outside corporate limits, write RURAL and give nearest town)
or and give nearest town) Town Bethesda, Rural 1 mo 13 da	ys town U. S. Naval Air Station Patuzent R
HOSPITAL OR INSTITUTION OR STREET ADDRESS. S. Naval Hospital	STREET (If rural give location) ADDRESS MEMQ 750-A
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	JOHNSON OF February 8 19 56
Male 6. Color or 7. SINGLE, MARRIED, 8. DATE WIDOWED DIVORCED. 2-13	9. AGE last birthday It UNDER I YEAR IF UNDER 24 HRS.  31. yrs. Months Days Hours Min.
Work done during most of working life, even if retired): MATINET 108. KIND OF BUSINESS OF INDUSTRY:	ti. Birthplace (State or foreign country): 12. CITIZEN OF WHAT Kansas
19. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Gilbert H. JOHNSON	Naoma HOLMES
(Yes. Was Deceased Even in U.S. Armed Forces: 16. Social Security No. (Yes. West unk.) (If Yes. Evynvary Catrorea Unknown of service)	Wire Mrs. Lois M. Johnson Rison, Arkansas
18. MEDICAL CERTIFICA	ATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Hodo	Pino & Inversel 3 mas:
DUE TO	901111011001
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	ON 20. AUTOPSY?
	YES NO ST
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contributing 21b. Place (Home, farm, factor) 21b. Place (Ho	actory, 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	21F. HOW DID INJURY OCCUR?
	Nov., 19. 56 to 8 Feb , 19 56 that I last saw the deceased
	at 9:11PM, from the causes and on the date stated above.
	Hosmital, NNMC, Rethesda, Maryland
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	Hospital, NNMC, Bethesda, Maryland TERY OR CREMATORY   LOCATION (City, town, or county) (State)
Burial (SPECIFY) 14 Feb 56 Greenwood C	Cemetery Rison, Arkansas
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  9 FEB 1956	2R.FUNERPURPTE GORFuneral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

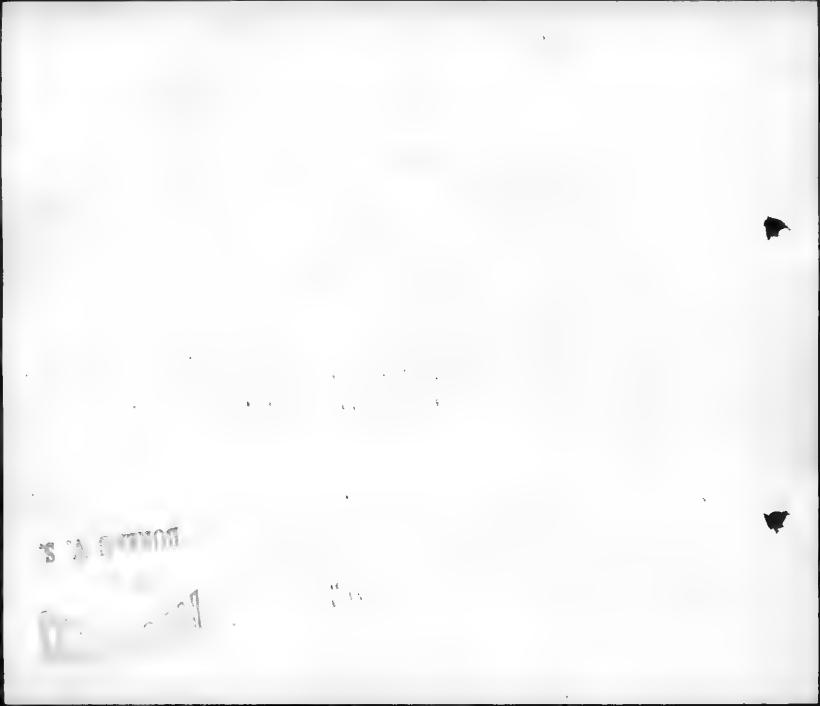


## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01945

1890 CERTIFICATE OF DEATH

	Dist.		7	2	3
Reg.	Dist.	No.	down	4	1

Š	1003
E A	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED
reful legibly	COUNTY MONTGOMERY MARYLAND STATE Md. COUNTY MUNTGOMERY
leg	
u D	OR and give nearest town)
tion	TOWN TAKONIA THOR 19hrs coming 10WN / ARUMA O/TITE
na T	HOSPITAL OR STREET (If rural give location)
nforma clearly	STREET ADDRESS LAShington Sant Hosp 216 Gthan allen St.
हैं है	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year)
item of information carefully of death clearly and legibly.	OF DECEASED: "Florence Calista Jones DEATH Jeb. 2 1956
em de	5. SEX. 6. COLOR OR 7. SINGLE MARRIED, 8. MATE OF BIRTH: 9. AGE last birthday 15 UNDER 1 YEAR 15 UNDER 24 MRS.
	FC. White Specify: 11-9-92. 63 yrs. Months Days Hours Min.
came	10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS   11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
eV(	work done during most of working life. OR INDUSTRY: even if retired):  ### COUNTRY?  ### COUNTRY?
P 0	even if retired): For St Shop. UST.  13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:
Supply te the c	
Su	Chapin Henry Harris Martha Stratton
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES (S. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:  (Yes, ng or unk.) (If Yes, give war or dates
INK.	Chart / dospital Records
	18. MEDICAL CERTIFICATION INTERVAL SETWEEN
ž d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Ĭ	170x
FA ms	IMMEDIATE CAUSE (A)
TH UNFADING Physicians: plei	ANTECEDENT CAUSE (8)
62	DISEASES OR CONDITIONS, IF ANY, (B) Metastatic Carcinomatoris 3 475.
E 4	STATING UNDERLYING CAUSE LAST.
-m	(C)
. e. ad	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
it i	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
Z	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
3 /	9-22-55 Carcinoma of right brant YES NOT
	21a ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory) 21c. WHERE DID (City or town) (County) or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?
T ads	(IF EITHER, NOTIFY MEDICAL EXAMINER)   21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?
<b>&gt;</b>	OF INJURY  While Not while at work at work
<del></del>	22. I hereby certify that I attended the deceased from 1.2 / 26, 1951, to 2 - 2, 1956, that I last saw the deceased
TYPE rect ag	alive on . 2
F. e.	The My 2.3.55
SE TYI	23. BORIAL, CREMATION. DATE, THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Jown, or county) (State)
¥	REMOVAL (FRECIFY) (S) 1 1007 (A)
8	Bureal Dels. 6, 1936 George Majorington under nince Sev. a. ma
Д	DATE REC'D BY LOCAL REGISTRANS SIGNATURES 22 FUNERAL DIRECTOR ADDRESS AFERSTRARS -1927 THE CAMPUL DE NO



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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()1946

	1081 OBRITATIONAL	OF DEAL	AL Reg. L	rist. No. ~->		
Ŋ.	1. PLACE OF DEATH:	2. USUAL RESIDE	NCE (HOME) OF DECEA	ASED:		
g;	county Montgomery Maryland					
and legibly	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)					
ed	X TOWN Bethesda Rural 9 Hours	STREET	(If rural give locat	lon \		
death clearly	- INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	ADDRESS	Roosevelt Ave.	(d)		
ซ		(Last)	4. DATE (Month)	(Day) (Year)		
ath	DECEASED: (Type or Print) Paul (Y) KER	PENACH	OF DEATH: Feb.	16 1956		
of		OF BIRTH: 9	AGE last birthday is under Months	RIYEAR IF UNDER 24 HRE.		
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Mariner  10B. KIND OF BUSINESS OR INDUSTRY:  Wariner	MI. BIRTHPLACE (S	tate or foreign country);	12. CITIZEN OF WHAT COUNTRY?		
	13. FATHER'S NAME:	New Jerse		1 a O a		
ţ						
ite	Unknown  15. Was Deceased Ever in U.S. Armed Forgest   15. Social Security No.	Mary KEFE				
se write the	15. Was Deceased Ever in U.S. Armed Forces: (Yes. no, or un).) (If Yes, give war or dates Yes of service) WW_TT  Unknown	Official Na				
please	18. MEDIGAL GERTIFICAT			INTERVAL BETWEEN		
D.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH		
	· · · · · · · · · · · · · · · · · · ·	- Constitute.	2 hours letter dies	to 11.1.		
апз	IMMEDIATE CAUSE (A) Jennythis - function - Bhenselytic stuffer 24 hours					
ici	ANTECEDENT CAUSE (8)					
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST,  DUE TO	a sansas		72		
it.	(C)					
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
OC	DISEASE OR CONDITION CAUSING DEATH.					
Įu.	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	V	-	20. AUTOPSY?		
	'×-			YES X NO		
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (if either, notify medical examiner)	etc. INJURY OCCUR	D (City or town) (Co	ounty) (State)		
	210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	JURY OCCUR?				
B)	22. I hereby certify that I attended the deceased from 16 Fe	b. 1956, to 16	Feb. 1956 that I i	ast saw the deceased		
age						
	alive on .16 Feb., 1956, and that death occurred at 2:45PM, from the causes and on the date stated above.					
correct	H. I. FASSES, LT. C. USN, U.S. Naval He	poital. Rethe	sda. Marvland			
00	23. BURIAL, CREMATION, DATE THÉREOF NAME OF CEMETE REMOVAL (SPECIFY)					
		emetery	Manville, New	Jersey		
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR REPRESENTATION OF THE PROPERTY OF THE PROP	R.A. Pumphrey	, Funeral Home,	7557 Wisconsin		

MILEAU V. S.

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DEATERS OF REAL PROPERTY OF THE PROPERTY OF TH

MEDICAL EXAMINER'S CER	TIFICATE OF D	EATH No. 2/7
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF I	DECEASED:
COUNTY No migmey MARYLAND	STATE Ind COUNTY	montg
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN LIKE LENGTH OF STAY (in this place)	CITY (If outside corporate limits w	rite RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS /2 / 15 Valleyword Dr	ADDRESS / A //	It give position)
3. NAME OF DECEASED: (First) (Middle) (Type or Print)	OF DEATH	(Month) (Day) (Year)
RACE WIDOWED, DIVORCED, (Specify): Wildow /-		Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of Mork done during post of work life, even if retired): [MANAGE   10b. KIND OF BUSINESS OF INDUSTRY:	German.	n country): 12. CITIZEN OF WHAT COUNTRY?
19. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Jolomon March kow. To	unhabrer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (1f Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	hlu) There are
18. MEDIC	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	٧ ,	ONSET AND DEATH
DUE TO	seclusion.	Sudden
Antecedent cause(s)  Diseases or conditions, if any, (b)	esi	3 zp2
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes □ No ⊠
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.		ounty) (State)
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   While at Not while   INJURY   M.   work   at work	211. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy 🗌 , l	Inspection , Inquiry , and
find that death resulted from: Natural causes A, Accid	CHIEF MEDICAL EXAMINED CAL EX	MINER DATE SIGNED
Thouse y morrhent	M. D. ASSISTANT MEDICAL	EXAM. 02-25-56
MEMOVAL (Specify): / 26/8 4 / Ling Long	ed then San Face !	Murch (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	7) ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDENG



mary 6. Farrelly

	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
	(c)	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.	
	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSYT
	21A. ACCIDENT WAS UNDERLYING \( \bigcup \) 21B. PLACE (Home, farm, factory, OR CONTRIBUTING \( \bigcup \) CAUSE OF DEATH OF INJURY street, office bldg., etc. (County) INJURY OCCUR?	(State)
	OF INJURY  M.   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While   Not while   at work   at work	-18
	22. I hereby certify that I attended the deceased from 14 Jan , 19 56, to 6 Feb , 19 56, that I last so	aw the decease
_	alive on 6 Feb, 1956, and that death occurred at 5:05P M, from the causes and on the date standard ADDRESS DATE	sted above.
E	1. BRUKEMILLER CAPT. MC. USN U.S. Naval Hospital, NNMC, Bethesda, Maryland 2	ounty) (Stat
	Burial Transit 10 Feb 56 Private Cemetery Princeton, New Jer	rsey
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24R FANE PUMPIRET PUNERAL HOME	ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 215

(Duy)

Days

Months

7557 Wisconsin Ave. Bethesda Md.

(Year)

1956

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

Hours

12. CITIZEN OF WHAT

OR

PLEASE TIPE

2-7-56

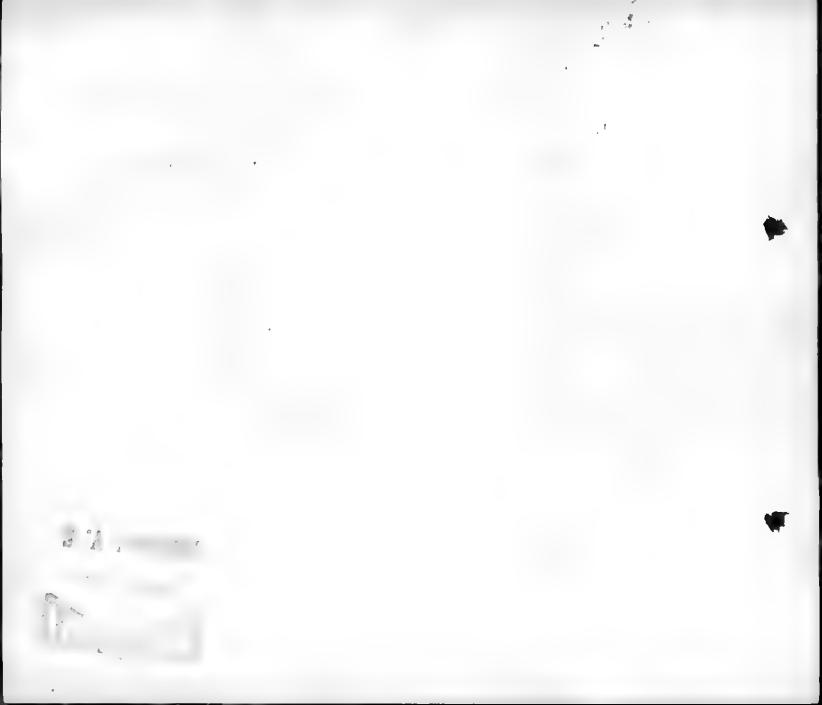


INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY7 NO (State) 21E INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? Not while While OF "INJURY at work at work , to 2 - 4 -.. 19 V, that I last saw the deceased .3/19 22. I hereby certify that I attended the deceased from / M. from the causes and on the date stated above. alive on . and that death occurred at ADDRESS SIGNATURE DATE SIGNED 23. BURIAL, CREMATION, CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF REMOVAL (SPECIFY) Cedar Hill Suitland, Md. Cremation FUNERAL DIRECTOR ADDRESS DATE REGULAY LOCAL REGISTRAR'S SIGNATURE Bethesda . Md.

(Year)

19

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causes

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correct

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE. 18	01951			
1976 CERTIFICATI		215			
1 PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED	):			
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Ba	ltimore			
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY If outside corporate limits, write RURAL a	nd give nearest town)			
OR and give nearest town) (in this place) TOWN Bethesda Ruzal 93 days	TOWN Baltimore				
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)				
STREET ADORESS U. S. Naval Hospital	101 West Monument Stre	et			
3. NAME OF (First) (Middle)		Ony) (Year)			
OECEASED: (Type or Print) Michael Arthur L	EAHY Jr. OF Tebruar	y 4 <sub>19</sub> 56			
RACE: WIDOWED, DIVORCED.	15-86  9. AGE last birthday truncer; Months D	EAR IF UNDER 24 HRS.			
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT			
even if retired): Mariner Mariner	Wisconsin	COUNTRY?			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
Michael A. LEAHY	Rose HAMILTON				
(Yes Tes of service) WW To detail Not available	Son Afthor A. Thank 1318 Northview Rd., Beltimore,	Maryland			
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TON	INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (A) Pulmone	my Eleme	hos.			
ANTECEDENT CAUSE (8)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	- throwbour	_hun.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	my with grangling materitary	muito			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	0				
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?			
		YES NO			
21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1F EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)			
ZID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from I No	ov , 19. 55 to 4 Feb , 19 56 that I last	saw the deceased			
alive on 4 Feb 1956, and that death occurred at 8:30PM, from the causes and on the date stated above.					
1 /	Hospital, NNMC, Bethesda, Maryl				
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)			
Burial 8 Feb 1956 Arlington No	ational Cemetery, Arlington, Vir	ginia			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  5 Feb 1956  Manh Tomellus	R. A. Pumping Fineral Home 7557 Wisconsin Ave., Bethesda	ADDRESS Maryland			



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rect

20. AUTOPSY? NO (County) (State) 22. I hereby certify that I attended the deceased from 21 Feb., 1956 to 22 Feb., 1956 that I last saw the deceased 6, and that death occurred at 8:30 M, from the causes and on the date stated above. alive on XI SIGNATURE ADDRESS DATE SIGNED 23. BUI NAME OF CEMETERY OR CREMATORY AC to, town, or county) DATE REC'D FUNERAL BIRECTOR ADDRESS REGISTRAR

(Day)

112.

(Year)

Hours

CITIZEN OF WHAT

LEB ...

1914
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

ct	MARYLAND STATE DEPAR	TMENT OF F	IEALTH—BALT	FIMORE, 18	Reg. Dist.		
torre	MEDICAL EXAMINER	CER'	TIFICATE	OF DEATH	No213		
9	1. PLACE OF DEATH:			E (HOME) OF DECEASED:			
E A	COUNTY Montgomery	MARYLAND	STATE Maryla	and COUNTY Mont	gomery		
fully.	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rockville	ENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville				
n care y and	HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 A Dawson Aven	ue	STREET ADDRESS 301	(If rural, give location A Dawson Avenue			
tio	3. NAME OF (First) (Mid-	lle)	(Last)		ay) (Year)		
cle	DECEASED: (Type or Print) Donald L		LUTZ, Jr.	DEATH Feb. 21	19 56		
of information carefully. The faath clearly and legibly.	5. SEX:  Male  6. COLOR OR RACE: WIDOWED, DI (Specify): Sin  10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):  None	VORCED,	OF BIRTH: 9.	AGE last birthday: IF UNDER Months yrs. 5	Days Hours Min.		
of /	even if retired): None	USTRI:	Bethes	da, Md.	COUNTRY? USA		
ite	13. FATHER'S NAME:	1	14. MOTHER'S MAID				
cau	Donald L. Lut	z Sr.		Jeanne E	Bessette		
y every item the causes of	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unk.) (If Yes, give war or dates of	AL SECURITY No.:	17. INFORMANT & AI	DDRESS: Donald L.	Lutz,&r		
mpply write	no service) no	no	Father- 301	A Dawson Ave.	Rockville M		
UNFADING INK.	I. DISEASES OR CONDITIONS DIRECTLY LEADING  527, 2 Immediate cause  (a)	TO DEATH:	L CERTIFICATION	·	INTERVAL BETWEEN ONSET AND DEATH TOWN OF SERVER		
FA	stating underlying cause last	$\checkmark$	/		V		
UN	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE	IE .			1		
E ti	DISEASE OR CONDITION CAUSING DEATH 19a, DATE OF OPERATION:   19b, MAJOR FINDING		<del></del>	120 14 4 4 4 4 4 4	20. AUTOPSY?		
E E					Yes No K		
ILY, WITH important.	CAUSE OF DEATH. OF SE	lome, farm, factory, reet, office bldg., etc.,			(State)		
PLAINLY pumially im	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJU OF Mhile NJURY M.		21f. HOW DID IN	JURY OCCUR?			
R WRITE PL,		auses ႙, Accid	cnt [], Suicide [] CHIEF DEPUT	Autopsy [], Inspection [, Homicide [], Under MEDICAL EXAMINER MEDICAL EXAMINER ANT MEDICAL EXAM []  LOCATION (City, town, or	DATE SIGNED		
SASI	Durial 2-23-56  Date rec d by Local   Registrar's signature	Parklawn	Cem	Rockville,	Maryland Appress		
PLE	DATE REC D BY LOCAL REGISTRAR'S SIGNATURES. 2/23/54 Lawell 17.	raglors.	rober .	Oumphrey Be	ethesda, Ad.		
		0		C)			

A15A - 5 - 53 PLEASE VS.

MARGIN RESERVED FOR DINDING



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A1S (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

79	CERTIFICATE	OF DEATH
2 3	OPICILITY OF THE	O. DEATH

Reg. Dist. No. 2156

		1979		CERTI	FICA	TE OF DEATH	1		Reg. Dis	1. No. 2150	0
1.	PLACE OF DEATH o. COUNTY	Montgomery		MARY	LAND	2 USUAL RESIDENCE (WHO o. STATE Marylar		d lived. If instituti b. COUNTY		e before admission)	
		(If autside corporate timi	ts, write	c. LENGTH OF STAY	N 16	c. CITY OR TOWN (If a	iutside carpo	orate limits, write f	URAL and g	ive nearest town)	
	∠ RURAL and give  ✓ Lond g	Bethesda Ru	ral	1 day	ľ	Lexing	ton Pa	rk			
Г	d NAME OF HOS	PITAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				e. IS RESIDEN	NCE
	, OK HASHI ONG	U. S. Nava	1 Hos	spital	Ì	312 Chi	inlee	Drive		YES NO	
3	NAME OF DECEASED (Type or print)	John	ıd	Middle Jefferey		MARTZ.	4. DATE OF DEATH	Febru		24 Year	56
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	0 12K	DATE OF BIRTH	- <del></del> -	9 AGE (In years		YEAR IF UNDER 24	HRS
	Male	White	WIDOW	ED DIVORCED		2-22-56		lost birthday) yrs.	Months	Days Hours A	Mîn.
10	o USUAL OCCUPA during most of w NONE	TION (Give kind of work or orking life, even if retired)	lane 10b.	KIND OF BUSINESS OF None	R INDUS	TRY 11 BIRTHPLACE (Stole Marylar	or foreign o	ountry)	US CITI	ZEN OF WHAT COL	UNTRY?
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			,	
	John F.	MARTZ				Treva	Z. EC	KERT			
	WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	'字数	Cher George F Same as	. MAF	TZ ALC TO	SIV		
MEDICAL CERTIFICATION	Canditians, if gove rise to cause (a), statis lying cause las PART II C	immediate g the under.  DUE TO the SIGNIFICANT CON  WAS UNDERLYING  NG  CAUSE OF DEATH FY MEDICAL EXAMINER  URY Manth, Day, Yea	20b. DES	CRIBE HOW INJURY OC	COURRED	NOT RELATED TO THE TERMINATE OF T	Part 1 ar Por	t II of item 18.)		PERFORMEI YES NO	OPSY
	21. I certify alive on	that I attended the 24 Feb R. L. S. BA	, 12	of and that	death	occurred of 3:10F	M, from	n the causes of treet, city or town,	and on th	2-26-56	SIGNED
L	O. BURIAL, CREMAT REMOVAL (Speci PILIT 18]	2-28-56	F	22c. NAME OF CEME Arlington		ional Cemeter		Arling  RAR 246, REGI		(Stote) Virginia	
Е		Yal Home 290	1 14		W., \		124/5	6 1	+ 6	4. 21.1	. 1



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1980 **CERTIFICATE OF DEATH** Reg. Dist. No. 2 16 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) COUNTY o. STATE b. COUNTY MARYLAND oner runeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give necrest John) should NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? LKE YES NO X 2 NAME OF Middle Lost DATE Day Year filled DECEASED OF (Type or print) DEATH 195 5. SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Months Days WIDOWED [ DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) monage puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** H. Conditions, if any, which gave rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o. J. factory, street, office bldg., etc.) While Not while of work D. m. 19 3 4 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 3 A M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR

**ADDRESS** 

CREMATORY

22d. LOCATION (City.

24a, REC'D BY REGISTRAR

lows, or county

24b, REGISTRAR'S SIGNATURE

(Stote)

TO HOSPITAL TO HOSPITAL TO FUNERAL (5) 25 West 20 West

220. BURIAL, CREMATION,

**BEMOVAL (Specify)** 

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

death.

· / 21/18/16/17

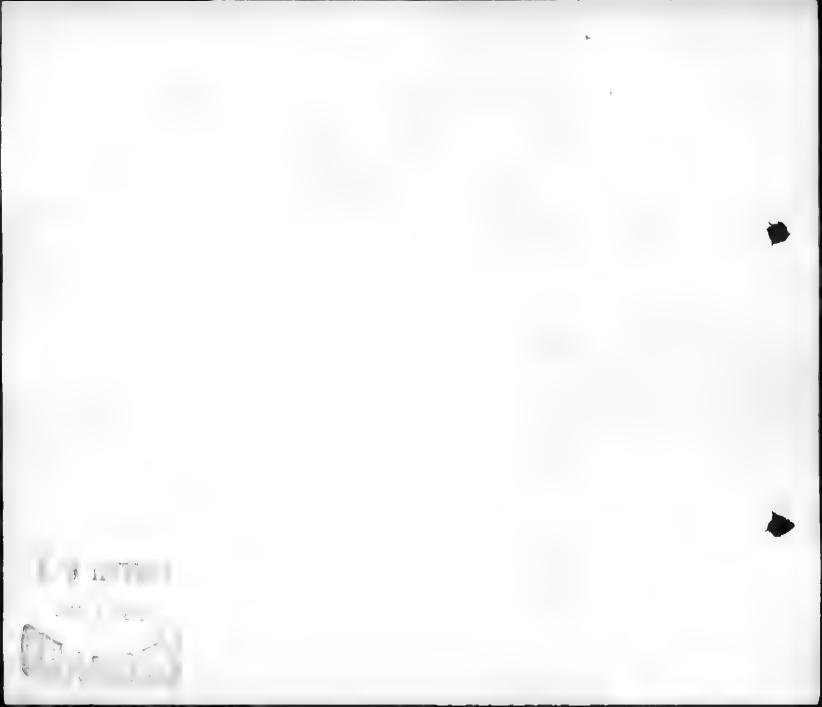
BECTALIN

VS. A15-10-53

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1981 CERTIFICATE OF DEATH Reg. Dic.

01958 CERTIFICATE OF DEATH Reg. Dist. No. 2/6.

1. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DECEASED:	
COUNTY MONTGOMENY	MARYLAND	STATE - DA	11 C COUNTY	
CITY (If outside corporate limits, write R	URAL LENGTH OF STAY	CITY(If outside co	orporate limits, write RURAL and	give nearest town)
OR and give nearest town) TOWN BETHESOA	(in this place)	TOWN BC/	5 =	
1 10 [ 1/1 [ 0 ] ]		STREET	(If rural give location)	
INSTITUTION OR U//V/U/G	CENTER	ADDRESS		
STREET ADDRESS NATY INS	TII OF HEALTH	2001	Called BLUD	
3. NAME OF (First) DECEASED:	(Middle)		4. DATE (Month) (Da	The second second
(Type or Print) / K /-/ //	ARWOOD M	ASTERS	DEATH: 2	9 1966
RACE:   WIDOWE	ED. DIVORCED.I	OF BIRTH: 9.	AGE last birthday IF UNDER 1 YEA	
(Specify)	Williams FEE	3 16. 1877	/ / yrs. 0 3	
10A USUAL OCCUPATION (Give kind of 10) work done during most of working life,	B. KIND OF BUSINESS	11. BIRTHPLACE (SI	tate or foreign country):   12. C	TIZEN OF WHAT
even if retired): STATESMAN	PLLITICS	VANI	A S	OUNTRY?
13. FATHER'S NAME:	A shope had a shop	14. MOTHER'S MAI	DEN NAME:	<u> </u>
			MITCHELL	
15. WAR DECEASED EVER IN U.S. ARNED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRECC	
(No. 11 to 11 to 12 to 1				1 1 15
NO of service)	N.T AVAILABLE	Nat.Instit	utes Health, Bet	thesda, Ma
	IS. MEDICAL CERTIFICAT		1	NTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	11 PROSTA	R WITH EXTENSIVE	ONSET AND DEATH
	ME DI DIES	1. V (16 17-23	ade striker	8+ Yrans
IMMEDIATE CAUSE	DUE TO LA LA LA LA	LNALL AND	RAL STEKNUT,	0 70 10
	· ·			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B)	100		
STATING UNDERLYING CAUSE LAST.	302 10			
II OTHER SIGNIFICANT CONDITIONS CO	(C)			
TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING D				
	FINDINGS OF OPERATION	•		20. AUTOPSY?
11/21/36 5/2	ATTERAL OPE	H16670114		ARE NO .
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH OF	B PLACE (Home, farm, fact FINJURY street, office bldg.,	etc. 21c. WHERE DI	City or town) (County)	(State)
21D. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY	21E INJURY OCCURRED While Not while at work			
OO The hand of the state of the			2 /5 10 7	41 . 3 . 1
22. I hereby certify that I attended th				
alive on 1.673 19 ., 19 56, and	l that death occurred at	10-A M, from the	causes and on the date st	ated above.
SIGNATURE		ADDRESS		SIGNED
Horace Herbon	M	. D. Verting Co.	LOCATION (City, town, or	1/7/3 6
DEMOVAL (encorev)	1			
Burial-Transit 2-24-56	Morris H:	III Cemetery	Boise	Idaho
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIE	RECTOR	ADDRESS
REGISTRARY 20-56 B	m Homes to so	eld to votil	Bet Bet	nesda,Md.
	101 VLO UNILITATION	Value Value	111111111	



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01959

1982 CERTIFICATE OF DEATH

Reg. Dist. No. 2/2

	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
Š	COUNTY MONTGOMERY MARYLAND	STATE Maryland COUNT	Montgomery
di.	CITY (If outside corporate limits, write RURAL/LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	give nearest town)
and legibly	OR and give nearest town) (in this place)	TOWN Dickerson	
T	HOSPITAL OR	STREET (If rural give location)	X
an	INSTITUTION OR	ADDRESS	
	STREET ADDRESS		
death clearly	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
cle	DECEASED:	CHRIDE DEATH: February 10,	4 .
£		OF BIRTH:   9. AGE  ast birthday:  Ft NDER   YE.	
at	RACE: WIDOWED, DIVORCED, 20 Do.	c 1879 76 yrs. Months   Day	s Hours Min.
			MINISTER OF STREET
Jo,	10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR work done during most of working life, INDUSTRY:		TIZEN OF WHAT
	even if retired): Farmer Farm Tenant	Maryland U	SA
causes	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
S S	William McBride	Laura V. Ifert	
36		INFORMANT & ADDRESS:	
#3	(Yes, no, or unk.) (If Yes, give war or dates of	s. Luvinia F. McBride, Dickerson,	Md.
ま()	210		
WI	18. MEDICAL CERTIFICATION	ON	Interval Between
a	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
53	Immediate cause (a) new monity	Branchial, bilateral	5 dags
please write the	water the theory		
	Antecedent causes (s)	م مان ما	2.0 years
SE		or chia)	
Physicians:	stating the underlying cause last, DUE TO		
202	(c)		
Ph	II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
	related to the disease or condition causing death.		14
2	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
ort	0		Yes No No
important.	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (ST	(ATE)
.E	HOMICIDE INJURY		as on a street
7	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
<u> </u>	INJURY m. Work At Work		
especially	22. I hereby certify that I attended the deceased from /o 4	,19 56, to 10 Feb , 19 56, that I last s	aw the deceased
ess.	alive on 9 Feb., 19 56, and that death occurred at	2 45 2	
<i>₽</i>	SIGNATURE (Degree or title)	, from the causes and on the date s	TE SIGNED
00	Lide M. Amelle M.O.	Barnesville 10 F	eb 56
हेत रहे	23. BURUAL, CREMATION,   DATE THEREOF   NAME OF CEMETER		nty) (State)
	Burlal (Specify) 13 Feb 1956 Mount Olivet		d
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	Let 14 1946 Planeles Clair	M. R. Etchison & Son, Frederick,	Maryland
	The state of the s		_3



LEB 1 8 1820

BUREAU V. Z.

FUNERAL DIRECTOR

ADDRESS

REGISTRAN'S

DATE REC'D BY LOCAL

RESTRAF

BIGNATURE

RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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## 01961

### 1983

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

9,		CL District.				
<u> </u>	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
&	COUNTY MONTGOMERY MARYLAND	North Carolina COUNTY				
death clearly and legibly	CITY (If outside corporate limits, write RURAL LENGTH OF STAY or and give nearest town) (in this place) town Bethesda (Rural) 3 mo 25 da	CITY(If outside corporate limits, write RURAL and give nearest town) OR Banner Elk				
arly	HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	STREET (If rural give location) ADDRESS Route # 2				
ë	WWW Arrange Ar					
eath	DECEASED: (Type or Print) Paul Augustus MEKI	BEATH: 1970				
to l	Male Color or 7. Single, Married, 8. Date Widowed, Divorced, (SpecifyMarried 3-29)	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.  OZ 978. Months Days Hours Min.				
causes	OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  North Carolina US				
	3. FATHER'S NAME:	14, MOTHER'S MAIDEN NAME;				
write the	Filmore Mikeal	Sarah Rominger				
	B. WAS DECEASED EVER IN U.S. ARMED FORCES: 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:				
	Yes no, or whk.) (If Yes, give war or dates of service) Will	Official Navy Records				
please	18. MEDICAL CERTIFICAT					
교	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
07	IMMEDIATE CAUSE (A) Safraefille Stark 2 hours					
ian	ANTECEDENT CAUSE (S) DUE TO					
/sic	DISEASES OR CONDITIONS, IF ANY, (B) / KIMBURANASE light Carolia Come June					
. Physicians	STATING UNDERLYING CAUSE LAST.	PA Traface - miturais 5000				
important.	I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	- 11 House E May Beautiful 10 9/84				
ti	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
8 1	19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
·# 16	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact of CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., if Either, notify medical examiner)	ory, 21c WHERE DID (City or town) (County) (State) etc. 1NJURY OCCUR?				
1	ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?				
ge is	22. I hereby certify that I attended the deceased from 21 Nov , 155 , to 16 Feb, 156 , that I last saw the deceased					
ect ag	alice on 16 Eco., 1956., and that death occurred at	Ol: 40AM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED				
COLL	R.L. KDIG, COR MC USN , U.S. Naval Hospital	,oBethesda, Maryland				
	Burial Private Cem	etery  Banner Elk, North				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	AVES FUN EN CHOME, 2487 Wilson Bive				

Arlington, Virginia

contend v. z

FEB ::

S 'A RYLLING

DECEINED

I

please write the causes of death clearly and legibly.

is especially important. Physicians:

correct age

VS

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01964

	1985_	CERTIFIC	CATE	OF DEA	TH	Reg. Dis	t. No. 216
COUNTY Montgo		MARYLAND			trict of Co		ED:
CITY (If outside corpore and give neares TOWN Bethesd HOSPITAL OR INSTITUTION OR STREET ADDRESS N	town) a ne Clinica	L Center	place)	TOWN Was	e corporate limits, hington	write RURAL	and give-nearest/town)
DECEASED: (Type or Print)	First) Daisy OR [7. SINGL]	(Middle)  Marie	Mo	ontgomery	4. DATE OF DEATH:	(Month) Februar	
Female Negro DA. USUAL OCCUPATION work done during most of even if retired): Hous	WIDOV (Specify	OB. KIND OF BUSION INDUSTRY:	Octobe	er 8, 1891	V4 -	rs. Months	Days Hours Min.  CITIZEN OF WHAT COUNTRY?  U.S.A.
Albert Barton  WAS DECEASED EVER IN U Yes, no, or unk.) (14 Yes,	S. ARMEO FORCES? give war or dates		Y No.	Charlott 17. INFORMANT	e Watson		
no of service		0.	тн		record, 1	ue criur	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CA  ANTEGEDENT CAU  DISEASES OR CONDITION GIVING RISE TO THE AI STATING UNDERLYING  TO THER SIGNIFICANT TO THE DEATH BUT N	SE (8) NS, 1F ANY, BOVE CAUSE CAUSE LAST. CONDITIONS	DUE TO ,  (B) CAPCINANA  DUE TO  (C)  ONTRIBUTING	ng of the	breast news	tatic do lungs	+ 11054	
DISEASE OR CONDITION  PA. DATE OF OPERATION		PEATH	PERATION				20. AUTOPSY? YES NO
TIA. ACCIDENT WAS UND RECONTRIBUTING CAU IF EITHER, NOTIFY MEDICAL ID. TIME (Month) (Day)  OF INJURY	SE OF DEATH	The PLACE (Home, of Plant of the Plant of th	COURRED while	etc. INJURY OCCI	DID (City or tow UR?		nty) (State)
22. I hereby certify the alive on Feb 10 SIGNATURE AND CREMATION REMOVAL (SPECIFY) DATE REC'D BY LOCA REGISTRAR 2/13/57	1956 at	that death occur		The Clinic	the causes and SS Center Cal Center St. Oc. Heal	on the date	TE SIGNED
عادار درات	- Wenne	Ille onomy					7 - 20

b dea + 7 H.
524-8 + 21 S.E.

2: 4-7720

# BUREAU V. S.

EEB 12 1826



COUNTRY? A.

INTERVAL BETWEEN

20. AUTOPSY? Yes 🗌 No 🛭

DATE SIGNED

(State)

Silver Spring, Md.

Reg. Dist.

### MEDICAL EXAMINER'S CERTIFICATE No.

2. USUAL RESIDENCE (HOME) OF DECEASED: I. PLACE OF DEATH: COUNTY Montgomery

STATE Maryland Montgomery MARYLAND COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) (in this place) OR and give nearest town)
TOWN Silver Spring

TOWN Silver Spring (If rural, give location) STREET

HOSPITAL OR INSTITUTION OR ADDRESS 1507 Live Oak Drive 1507 Live Oak Drive STREET ADDRESS (Last) 4. DATE (Middle) (Month)

of information of death clearly (Day) (Year) (First) DECEASED: Hannah Morgan Feb. DEATH (Type or Print) 7. SINGLE, MARRIED, 8. DATE OF BIRTIL: 9. AGE last birthday: Dr UNDER I YEAR IF UNDER 24 HRS. 5. SEX: 6. COLOR OR WIDOWED, DIVORCED, (Specify): Married RACE: Months Female June 16. 1908 White 10b. KIND OF BUSINESS OR 12. CITIZEN OF WILAT 10a. USUAL OCCUPATION (Give kind of | II. BIRTHPLACE (State or foreign country):

work done during most of work life, even if retired) HOUSEWIIE INDUSTRY: Farmville, Virginia Own home 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME:

Louise V. Twelvetrees

John C. Hamlett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY NO.:

(Yes, no, or unk.) (If Yes, give war or dates of Mr. Robert E. Morgan, 1507 Live Oak Drive service)

18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause Antecedent cause(s) (b) ..... Diseases or conditions, if any,

giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ........

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

21s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,

INJURY 21d. TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED While at Not while

INJURY work [

at work

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and

find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause [].

NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION DATE L (Specify) :/

REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

LOCATION (City, town, or county) Geo. Wash. Mem. Cemetery 24. FUNERAL DIRECTOR

21c. (City or town)

21f. HOW DID INJURY OCCUR?

Prince George County, Md.

(County)

CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.

PLAINLY, WITH pecially important. RITE is es] W Se 冝

pecially

SIGNATURE

carefully. The and legibly.

Supply e

t

UNFADING Physicians:

MARGIN RESERVED

no



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

SECEIVED SEC

BUREAU V. &

Upper Marlboro.

A15

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S'A CTILLE

### 1990 CERTIFICATE OF DEATH

Reg. Dist. No. 5/6

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
	COUNTY Montgomery MARYLAND	STATE COUNTY			
	CITY (Il outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neerest town)			
	OR end give nearest town)  TOWN Bethesda	TOWN Washington, D. C.			
	HOSPITAL OR	STREET (Il rurel give location) ADDRESS			
	INSTITUTION OR STREET ADDRESS Suburban Hospital	5924 - 31st. Place, N. W.			
	J. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Year)			
	(Type or Print) ALBIN PETI	ERSON DEATH Feb. 25, 19 56			
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O				
		5, 1868 87 yrs. 4 20 Hours Min.			
	10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or loreign country)  12. CITIZEN OF WHAT			
5	done during most of weaking life, even it self Emp.	Sweeden USA			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	A. N. Peterson	Charlotte Anderson			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS			
-	(Yes, ac or unk.) (Il Yes, give wer or detes of service) 019-12-8392	Chester Peterson-Item # 2			
	18. MEDICAL CERTIFICATION				
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
	MAMEDIATE CAUSE (A) LOXQUARY MYOMOSIS SMCC4.				
	ANTECEDENT CAUSE(S) DUE TO COMPANY SE LA COM				
	DISEASES OR CONDITIONS, IF ANY, (B) COVOMON (B) COVOMON (B)				
	STATING UNDERLYING CAUSE LAST, DUE TO				
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 (1 1 )			
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	lett his 4 days			
.40	19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
O		YES NO			
	21s. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, Ierm, Iectory, OR CONTRIBUTION   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  [If EITHER, NOTIFY MEDICAL EXAMINER]  [If EITHER, NOTIFY MEDICAL EXAMINER]				
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	211. HOW DID INJURY OCCUR?			
	M. et work et work				
	22. I hereby certify that I attended the deceased from FCb 21. 19.56, to FCb 25, 19.5 Athat I last saw the deceased				
	alive on				
Z	SIGNATURE  ADDRESS (Street, city, lown, stele)  DATE SIGNED				
10M	Regard Morall M.O.	55/6 Neb. Ave-wash D. 2-2550			
100	23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR				
A15C	REMOVAL (SPECIFY)				
	Burial-Transit 2-26-56 Forest Hil	1 Boston, Mass Address			
V.S					
	DATE 2/27/56 Bessie M. Rioration	Robert A. Pumphrey-Bethesda warvland			

Montgong County Medica Examiner Notified - opproved OD Darl Mdl.

MARYLAND

### CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
COUNTY Mont go m ery MARYLAND	71)as hergian A). C
OR give negrest though	OR CITY (If outside of porate limits, write RURAL and give nearest town)
1 TOWN RUYAL - Silver Spring 15 months	TOWN O
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS COOK COST Sant Hay.	11 22 30 California A1.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) MQ 4 //4/1	MODE DEATH FEL - 3 196
5. SEX COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DETE OF BIRTH 9. AGE last birthday If under 1 year   H under 24 hr   Months.   Days   Hours   Min
teme/e white (Specifyty, dawed	Jan 2-1874 82 yrs.
106. USUAL OCCUPATION (Give kind of work lob. Kind of Business on lone during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
BOULT MENT CLERK VETERAL COMINION	11 Thens _ 2001919 U.S. 9
13. FATHER'S NAME	M. MOTHER'S MAIDEN NAME
augustus L. Hull.	Callie Cook buch D.C
15. YAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes/no, or unknown)   (H year, give war or dates of	17. INFORMANT AND ADDRESS
no service) None	miss Callie Hull - 2230 Calif A.
18. MEDICAL CR	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset and Death
Immediate cause (a) (5)217 28 410-	- Tricing Contains
Immediate cause (a) (b)	
Antecedent cause(s)	(1) A · /-
Diseases or conditions, if any, (b) 1200 Ul	relly
giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	toring Salerasine Trousalinging
Conditions contributing to the death but not related to the disease or condition causing death.	terio: Seleros ive fishelinis
Conditions contributing to the death but not related to the disease or condition causing death. Cullival a V	,
related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	CITY OR TOWN) (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	Yes 🗆 No 🗴
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   HOMICIDE   INJURY OCCURRED	Yes 🗆 No 🗴
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  ROMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	(CITY OR TOWN) (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)    HOMICIDE   INJURY   INJURY OCCURRED While at Not While at Not While at Not While work   At work   INJURY   IN	(CITY OR TOWN) (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  ROMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	(CITY OR TOWN) (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  18a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  18a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  18a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  22. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OFFICE	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?  7., 1954, to Fill 3, 1956, that I last saw the deceased
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  18a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  18a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  18a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  22. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OFFICE	(CITY OR TOWN) (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from Occurred at SIGNATURE  23. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  24. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  25. Thereby certify that I attended the deceased from Occurred at SIGNATURE (Degree or title).	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?  7., 1954, to 1956, that I last saw the deceased  5
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, office bidg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not	(CITY OR TOWN)  (COUNTY)  (STATE)  HOW DID INJURY OCCUR?  (STATE)  HOW DID INJURY OCCUR?  (STATE)  ADDRESS  APDRESS  (A)  APPRESS  (A)  APPRESS  (A)  APPRESS  (A)  APPRESS  (A)  APPRESS  (A)  (A)  (A)  (A)  (A)  (A)  (A)  (
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  18a. DATE OF OPERATION OF OPERATION (Hour) INJURY OCCURRED While at Not While INJURY OCCURRED While at Not While Mork At work At work At work At work OPERATION (Degree or title) 12. Accident of the deceased from OPERATION (Degree or title) 12.	(CITY OR TOWN)  (COUNTY)  (STATE)  How did injury occur?  (STATE)  How did injury occur?  (STATE)  Appress  App
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, office bidg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not	(CITY OR TOWN)  (COUNTY)  (STATE)  HOW DID INJURY OCCUR?  (STATE)  HOW DID INJURY OCCUR?  (STATE)  ADDRESS  ADDRESS  (CITY OR TOWN)  (STATE)  (STATE)  (STATE)  (STATE)

+ 1 (V)

MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1992 CERTIFICATE OF DEATH Reg. Dist. No.

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
and legibly	county Montgomery Maryland	state District of Conkrabia	
leg	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL an	d give nearest town)
pu	OR and give nearest town) (in this place)	TOWN 'ashington	
	X TOWN Bethesda Rural 11 Days		
r.	HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS	J
clearly	STREET ADDRESS U.S. Naval Hospital	3700 Massachusetts Ave., N.	. 17.
			ay) (Year)
death	OECEASED: (Type or Print) Hilma Marie POUT	INFIN DEATH: Feb.	16 19 56
	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED, 8 DATE	OF BIRTH. 9. AGE last birthday IF UNDER 1 YE	AR IF UNDER 24 HRE
of	Female Thite WIDOWED. DIVORCED.	il 1880 75 yrs. Months Da	ys Hours Min.
δ) Ω3	IOA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12. C	TIZEN OF WHAT
103	work done during most of working life, OR INDUSTRY:	Ç	OUNTRY
e e	evan if retired). Housewife Housewife	Finland	15
he	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
write the causes	Unknown	Unknown	
Tit	18. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates of service)	Daughter, Miriam PCUTITEN, Same	as at ove
386	18. MEDICAL CERTIFICAT	ATTION OF THE PARTY OF THE PART	
please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	ONSET AND DEATH
14	, ,		A DEATH
63	IMMEDIATE CAUSE (A) Nyocaidia	w upaketion	10 claus
Physicians	ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  DIF TO		
sic	DISEASES OR CONDITIONS, IF ANY, (B) LYPEL TELS	in - obesiti	Undaham
hy	GIVING RISE TO THE ABOVE CAUSE DUE TO		Underer M.
	STATING UNDERLYING CAUSE LAST.		
IX OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION			
100	DISEASE OR CONDITION CAUSING DEATH.		
E I	19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
			YES NO
all.	21A. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fact	cory, 21c. WHERE DID (City or town) (County	) (State)
especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?	
30	210 TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
_	OF INJURY While Not while at work at work		
22. I hereby certify that I attended the deceased from 5 Feb , 1956, to 16 Feb., 1956, that I last saw alive on 16 Feb., 1956, and that death occurred at 8:20AM, from the causes and on the date state			
			tated above.
SIGNATURE A ADDRESS		ADDRESS DATI	E SIGNED
BUTTA ROUTATA ACTO VOLUSION II SI NAVAL HOMBULTELLA NAMO. SECIE		pital. NNMC. Pethesda, Md.	
0.0	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)
	REMOVAL (SPECIFY)		ta.
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 4812 Georgia	
	REGISTRAR AND SIGNATURE	Des There I Have Hashington	*

T A MITTER

PESENAL SERVICES

orrec	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	I No. 223
The cly.	1. PLACE OF DEATH:  COUNTY MONTGOMBRY MARYLAND  2. USUAL RESIDENCE (HOME) OF DECEASED: 3206 Wisconsin Ave., N.W. A	pt. 51, D.C.
carefully. and legibl	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Takoma Park, Md.  LENGTH OF STAY (If outside corporate limits write RURAL OR OR TOWN Washington	
n carefy	HOSPITAL OR INSTITUTION OR Washington Sanitarium & Hospital ADDRESS 3206 Wisconsin Avenue	on)
finformation death clearly	DECEASED: (Type or Print) Elsie Louise Powell DEATH 2-28-	Day) (Year) 1956
infor death	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify Married 1-26-01 9. AGE last birthday: IF UNDER Months	Days Hours Min.
of of	10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:  Reffred remove. Employee Housewife Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.
	13. FATHER'S NAME:	
every ne cau	John O. Lackes Florence Karnes	
Supply e write the	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Chart	
UNFADING INK. Su Physicians: please wa	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a) article during operation of Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last  (b)	INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Pt. sustained fracture rt. clavicle & TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Multiple contusions in auto accident 2-18	-56
LY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes [A No []
AINLY, ally imp		(State) Maryland
E PLAIN especially	21d, TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?   While at   Not while   see above	
WRITE F	22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection find that death resulted from: Natural causes , Accident , Suicide , Homicide , Und SIGNATURE , CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	Inquiry   and etermined cause   DATE SIGNED   Z - 2 % 5 %
ASE	23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, of Removal (Specify) 1 3/2/56 Evergreen Burial Park Roanoke, Virgin	ia
PLE	1907E REC'D BY LOCAL REGISTRARY SIGNATURE 24. FUNERAL DIRECTOR 8434 Worner to Tumphrey Silver S	Ga. Ave.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

BUREAU V. S.

ULLI G RAMI

MECELAED

### MARYLAND STATE DEPARTMENT OF HEALTH

MAMIGIN REMERVED MOR BINDING

VS. A15

#### 1915 CERTIFICATE OF DEATH

J &	MARILAND STATE DE	PARTMENT OF HEALTH	
7 8		Street, Baltimore	
f p	1915 CERTIFICAT	TE OF DEATH  Reg. Dist. No.	7/2
1,0	OERTIFICA.	TE OF DEATH Reg. Dist. No.	o. ex./
162 )	1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-	
	COUNTY Montgomer MARYLAND	STATE Maryland COUNT	* Leedeinh
	CITY (If outside errorate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (II outside corporate limits, write RURAL and given	ve nearest town)
Sib	TOWN POUNTAGE 5 2 4	TOWN GUALLER	
NG of information carefully death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut Locly	STREET ADDRESS 1233 N. Market S	4.
tion y a	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
arl	(Type or Print) (May 185	DEATH February	19 195%
infor th cle	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months	1 year If under 24 hrs Days Hours Min.
n of deal	done during most of working life, even if retired) INDUSTRY Jaming	11. BIRTHPLACE (State or foreign country)	COUNTRY! SA
OR BINDEN r every item he causes of d	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	- 97/
BIL	John H. Kay	anne Keya	
2 8 8	15. WAS DECRATED EVER IN U.S. APARED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS	1 120 1
1 PA 43	service)	Mas Charles Kay, Fuskin	R, 111st.
Sup.	A THE DESTRUCTION OF	ERTIFICATION	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4	ONERT AND DEATH
INK, Su	Immediate cause (a) Cerelrovase	ulu accident	3/1-his
EN TI	Antecedent cause(s)	i oudrovember dearine	
Z Z Z	Diseases or conditions, if any, (b)	The State of the State of the State of State of State of the State of	agran
ADING  Iysicians:	stating the underlying cause last (c) Aunustination		mean
NIAE NFA Pbys	11. OTHER SIGNIFICANT CONDITIONS		10
bared bared	Conditions contributing to the death but not related to the disease or condition causing death.		
E	192. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
Eta	None !		Yeu [] No []
, WITH	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	NOW DID INJURY OCCUR?	
Z-8	INJURY m. Work At work		
PLAINLY,	22. I hereby certify that I attended the deceased from	, 19.5%, to	aw the deceased
<u>ы</u> .	alive on 7th 19 1956, and that death occurred at.	ADDRESS from the causes and on the date st	ated above.
ZI3	SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
WRITE	Styphen (. Cromwell, M.E.	Kochville, M	2/19/56
PLEASE	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET		ty) (State)
EA	DATE REC'D BY LOCAL   KEGISTRAR'S SIGNATURE	Washington, D. C.	ADDRESS
T.I.	REG. 2-19-56 Tourse H. Krantorp	The D. H. Hanes 60 2901-14th.	St. N.W.
	FUZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	Washingto	8/
	Jagger 100 100 100 100	7/0	r- 10-60.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18			
	1904 CERTIFICATE OF DEATH	No. 22.3-	
director, lied with	1. PLACE OF DEATH  o. COUNTY  1. PLACE OF DEATH  o. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE PLACE OF DEATH  b. COUNTY  LICENTERS OF DEATH  o. STATE PLACE OF DEATH  o.		
eoth be fi	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	e nearest (swn)	
rs offer d by the fur 12 should	d NAME OF HOSPITAL (If not in hospital, give street address)  d NAME OF HOSPITAL (If not in hospital, give street address)  d STREET ADDRESS  UNITARY TO A DATA FOR UM 6839 EASTRON AUR.	e. IS RESIDENCE ON A FARM? YES NO	
24 hou	3. NAME OF DECEASED (Type or print) (6/berta 17 Ary 100 d) DEATH 2-27	Day Year	
Page	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   11 B-DATE OF BIRTH   9. AGE (In your IF UNDER 1)	YEAR IF UNDER 24 HRS  Oys Hours Min.	
Percented Percented	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZI during most of working life, given if jettred)	EN OF WHAT COUNTRY?	
ion and carban ofter d	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME	O. Inerica	
physic remove 2 haurs	1S. WAS DECEASED EVER IN U. S. ARMÉD FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  Address  (17 year, gaves were or dealers of services)	nW.	
adh o mding	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN	
the date of the da	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Themia	ONSET AND DEATH	
es that I	Conditions, if any, which by Clatenation of Aigmorit Colore	an ta	
on. signe	lying couse tost.  DUETO  Cita, Kincitabelitis "	3.	
physici nas bae rial-tran noval, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3	(o) 19 WAS AUTOPSY PERFORMED? YES NO	
idan: T lending ficate the the bur	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
PHYSIC tal or at s cert use as remation	20c. TIME OF INJURY Month, Day, Year Hour a. p. m. 19 of work □ 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg , etc.)	only) (State)	
NDING e horright iched re urial, cr	21. I certify that I attended the deceased fram. 122, 1956, to 127, 1956, that I los alive on 127, 1956, and that death accurred at 3:44 P. M. fram the causes and an the	st saw the deceased	
A ATTE d by th tecross be deta ior to b	ACTUAL SIGNATURE Tivel 7. Starr M.D. 7660 Carret Court.	DATE SIGNED	
retaine RAL DII should strar pr	PHYSICIAN'S PALL VI TARR Chipman Palk, 123	1	
HOSP may be FUNE page 3 he regi	220. BURIAL, CREMATION, 226. DATE THEREOF 22C, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)	
VS A15 (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS JAMES DATE 3 - 1 - 56 JAMES AGISTRAR 245 REGISTRAR	- Ledd	

DECENSED

BUREAU V. S.

VS. A15 — 10-

因

L. CHNAGA CA CAPT, MC, USN U. S. Naval MHospital, NNMC, Bethesda, Maryland NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF REMOVAL (SPECIFY) West Chicago, Illinois 15 Feb 56 Glen Oak Cemetery Lee's Funeral Home REGISTRAR'S SIGNATURE 4th & Massachussetts DATE REC'D BY LOCAL PEGISTRAR 1956 Washington, D. C.

5 % Think

931

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

especially important. Physicians:

802

correct age

please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18(11978)

1994	CERTIFICATI	E OF DEATH Reg. Dis	st. No. 216
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
COUNTY Montgomery	MARYLAND	STATE Ohio COUNTY	
CITY (If outside corporate limits, write RIOR and give nearest town) TOWN Bethesda		CITY(If outside corporate limits, write RURAL OR TOWN Seaman	and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethesda.		STREET (If rural give location ADDRESS 304 Broadway Street	
J. NAME OF First DECEASED: William	(Middle)	(Last) 4. DATE 1Month) of DEATH: Feb. 2	Dayi (Year)
5. SEX. 6. COLOR OR 7. SINGLE. W.DOWE White (Specify):	Single Mar	of BIRTH 9. AGE last birthday Funder Months yrs	
10a. USUAL OCCUPATION (Give kind of 10b work done during most of working life, even if retired) Striker Engineer	or industry:	BIRTHPLACE (State or foreign country): 12	COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
Daniel B. Re	ed	Mary Lee	
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST	18. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:	
(Yes, no or unk.) (If Yes, give war or dates of service)	287-12-5678	The Medical Record, The Clin	ical Center
I DISEASES OR CONDITIONS DIRECTLY I	B. MEDICAL CERTIFICAT LEADING TO DEATH	TION	INTERVAL BETWEE
40×	(A) Myocardial	Infarction	1-2stav
IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)	UE TO Aortic and	Mitral Thsufficiency	1/1 ros
DISEASES OR CONDITIONS, IF ANY,		Hypertrophy and dilitation	24 100
	UE TO Rheumatic		?l vrs
II OTHER SIGNIFICANT CONDITIONS CO	(C) NTRIBUTING		
TO THE DEATH BUT NOT RELATED TO T	HE	Fame and Grantier	o wks
	FINDINGS OF OPERATIO	Edema and Congestion	20. AUTOPSY?
			YES X NO
21A. ACCIDENT WAS UNDERLYING 21B OR CONTRIBUTING CAUSE OF DEATH OF (1F EITHER, NOTIFY MEDICAL EXAMINER)	. PLACE (Home, farm, fac INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (Cou	
21D. TIME (Month) (Day) (Year) (Hour) OF "INJURY M.	While Not while at work	2 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the	deceased from Feb.	Li , 19 56 to Feb. 28 , 19 56 that I la	st saw the decease
alive on Feb. 28, 19.56, and SIGNATURE	10		ATE SIGNED
23. BURIAL CREMATION DATE THEREO	M	ERY OR CREMATORY LOCATION (City, town,	lesda, Md.
REMOVAL (SPECIFY)			
Burial-Transit 2-29-56 DATE REC'D BY LOCAL   REGISTRAR'S	Manchester	Adams County,	Ohio
DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR'S	M. Komsten	Robert A. Pumph ar Beth	

Robert



SECE DAM

01979 Reg. Dist.

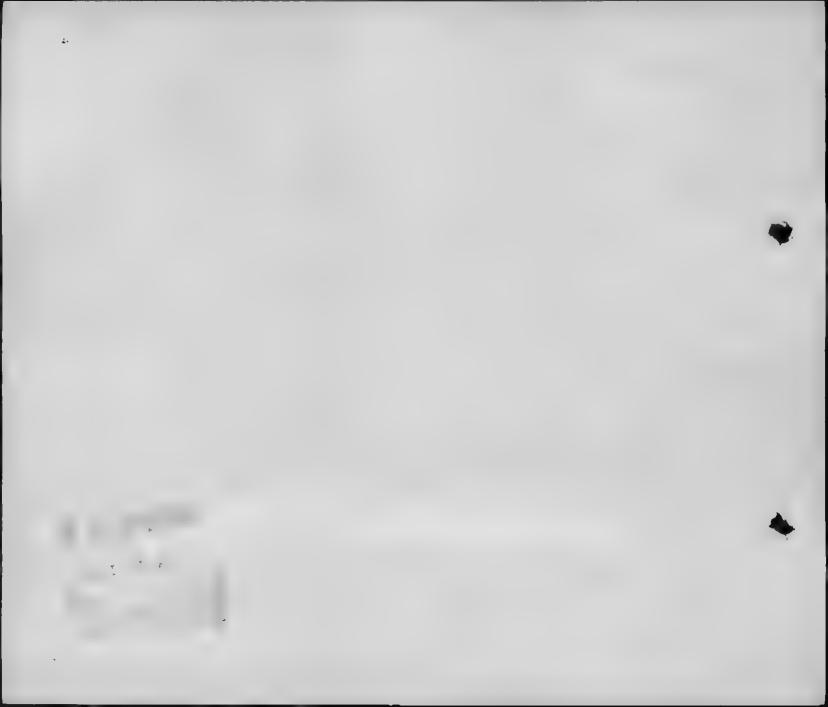
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

			,	_ ~
MEDICAL I	EXAMINER'S	CERTIFIC	ATE OF	DEATH

MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MARYLAND	STATE M& COUNTY MM	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits write/RURAL and	give nearest town)
OR and give nearest town the Grand Grand Grand	TOWN Solvers Start	
HOSPITAL OR INSTITUTION OR 9917 Big Rock Rd	STREET (If rural, give location) ADDRESS GG 17 Big Rock	Rel:
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Thelma Bergitha	CLast)  6. DATE (Month) (Day)  OF DEATH Feb. S	(Year) 193~4
RACE: WIDOWED, DIVORGED, (Specify): 17 days 4-	3 - 1918 37 yrs Months Day	
work done during most of work life, even if retired): however the control of the	1/ 1/	CITIZEN OF WILAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Mireus Syvartour	Marie Kniese	
15. WAS DECEASED EVER IN U.S. ATMED FORCES 7 (Yes, no, or unk.) (If Yes, give very or dates of service)	Ruth Mas Ewens ( Dister) arking in	n va
18. MEDIC	CAL CERTIFICATION	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	· · · · · · · · · · · · · · · · · · ·	QUEET AND DEATH
Immediate cause (a) Coronary of	chusian	Ford Ring
Antecedent cause(s)		
Diseases or conditions, if any, (b)	of 6 * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
2		Yes 🗌 No 🕞
21a. EXTERNAL CAUSE WAS PRIMARY	349	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work I at work at work I	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes Z, Acci	ident [], Suicide [], Homicide [], Undetern CHIEF MEDICAL EXAMINER []	
SIGNATURE Jours O. Brosshaut	DEPUTY MEDICAL EXAMINER	DATE SIGNED
Burian (Specify):// 2/8/56   Parklawn Cen		Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR 8434 Ga	AABDRESS
- x D " Htailes will	Warner G. Tumperey Silver Spri	ng Md

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



VS A15 (4) 15M 9/5S

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1996 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived in institution, o. STATE warms) MARYLAND MARYLAND

019896 Reg. Dist. No.

	O. COUNTY WONDSOURCE MARYLAND	o. STATE. b. COUNTY	
	b. CITY OR TOWN (If outside corporate visits, write RURAL and give representation)	c. CITY OR TOWN (If Jutside corporate limits, write RURAL and give nearest town)	
,	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION (0200 Valley Road)	d STREET ADDRESS 6200 Valley Road 10 15 RESIDENCE ON A FARM? YES 1 NO 1	
	3. NAME OF DECEASED (Type or print)  ANNA Meddle  ANNA MAE	RESSER 4. DATE Month Day Year DEATH 2 29 1956	
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  13 1886 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 F  14 UNDER 1 YEAR IF UNDER 24 F  15 UNDER 1 YEAR IF UNDER 24 F  16 OF YEAR OF BIRTH  17 Months 19 YEAR IF UNDER 24 F  18 OF YEAR OF BIRTH  18 OF STREET			
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF I	Sancaster Country, Pa. 12. Chizen OF WHAT COUNTRY?	
1	Benjamin J. Evens	14. MOTHER'S MAIDEN NAME CHUNG MINNICH	
1	IVer so or unknown) - the way may be a deter of connect.	NFORMANT Gatez daughter, 6200 Galley Road	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c')  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate cottle (o), stoling the under-lying cause last.  (c)	evary thromboon and humber works heart disease 15 years	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES NO	
		D. (Enter nature of injury in Port I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for While Not while of work of work	ACE OF INJURY I Home, form, 20f (City or town) (County) (Stote) tory, street, office bidg., etc.)	
	21. I certify that I attended the deceased fram Manual alive on January II., 1250, and that death SIGNATURE PRINTER ROBERT N. CORLE	accurred at 9 AM, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  M.D. 4630 hour accurry well from 29 1951  Buthind a many and	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 2 2 5 6 Condam LLC 2		
	Cremation 3-2-56 Cedar Hill  23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey Bethesda,	Crematory Prince Georges Md  246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE 7-1-56 Bease M. Fhompson	



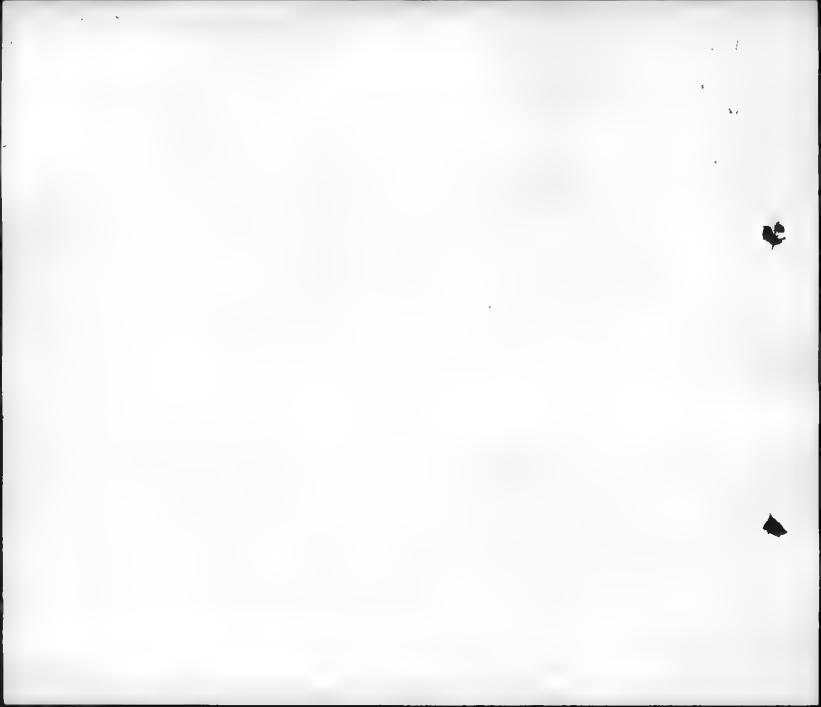
MARGIN RESERVED FOR BINDING

-10 - 53

A15 Ϋ́S

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()1981 CERTIFICATE OF DEATH

	OEMIRICATE OF BEATH	Reg. Dist. No.
carefully legibly.	1. PLACE OF DEATH Montgameny to ten/top" 2. USUAL RESIDENCE (HOME MONTE 90 mary 1)	) OF DECEASED:
9.17		UNTY
Ca le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY(If outside corporate limits	, write RURAL and give nearest town)
information	OR and give nearest town) (in this place) OR TOWN Baltry	ore EVOI-16
na ly		ral give location)
nforma	INSTITUTION OR STREET ADDRESS  ADDRESS  1614  608	t dombard Sty
in co	3. NAME OF (First) (Middle) (Last) 4. DATE	(Month) (Day) (Year)
em of i	(Type or Print) Reliben Rosem stein DEATH	HITED 4 1956
ge B	5. SEX: 16. COLOR OR 17. SINGLE, MARRIED. 8. DATE OF BIRTH: 19. AGE last bir	
item of deg	RACE: WIDOWED, DIVORCED, A / 1	Months Days Hours Min.
	(Specify). 5   ng/e   1408   46	Yrs
causes	WORK done during most of working life, OR INDUSTRY:	country): 12. CITIZEN OF WHAT
ev ev	even if retired): Store Clark Crocery	74 <
7	13. FATHER'S NAME	(de) . S .
Supply te the		
g a	Harry Nosentein tannie	2.201-2
, E-,	18. WAS DECEASED EVEN IN U.S. ANMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
INK.	(Yes, no, or unk.), If Yes, give war or dates of service) 19112 45	1.
		<u> </u>
ADING IN	18. MEDICAL CERTIFICATION /	INTERVAL BETWEEN
4	0: // 4- 6	ONSET AND DEATH
9 ::	VI college Company	8 /44
F.	IMMEDIATE CAUSE  (A)  DUE TO	0,000
TH UNFAI	ANTECEDENT CAUSE (S)	444
J. S.	DISEASES OR CONDITIONS, IF ANY. (B) A levelly	us Net Mury
H d	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
	(C)	
AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
rta	TO THE DEATH BUT NOT RELATED TO THE	
Tod.	DISEASE OR CONDITION CAUSING DEATH.	
PLAINLY	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
7		YES NO
RITE PI	21A. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, factory. 21c. WHERE DID (City or t	own) (County) (State)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	, , , , , , , , , , , , , , , , , , , ,
WRITE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	100
es es	OF INJURY (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCU	RI
Pi <sup>O</sup>	M.   at work   at work	
700	22. I hereby certify that I attended the deceased from 4. Fel., 1956 to .4 Fel., 19	.6 that I last saw the deceased
- DD	11 5-11	
Ô.	alive on 4 Feb., 195 C, and that death occurred at 9:45 M, from the causes and	
SE TY1	SIGNATURE 3 ADDRESS	DATE SIGNED
	John Doalen Sealer M.D. Olynen, Me	1 7 12 1956
0,1		N (City, town, or county) (State)
A P	BEMOVAL (SPECIFY) 2-6-1956 Herrens Pen N B	celo- Mal.
LEA	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24, FUNERAL DIRECTOR	ADDRESS
P4	DATE THE BY LOCAL REGISTRATE STORES	9



115A - 5 - 53

find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Induly []

find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Induly []

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAM. [] - 1/2

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City town, or count), (Statement of the county) of the county of the

· T CA t ···

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1999 CERTIFICATE OF DEATH

	OMMINIOATE	OF DEATH Reg. Dist. No.	
legibly.	1. PLACE OF DEATH.  Montgomery  COUNTY  MARYLAND	District of Columbia	
death clearly and le	CITY (if outside corporate limits, write RURAL OR and give nearest town), (in this place) TOWN Silver Spring mos.	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN	
	HOSPITAL OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTREET ADDRESS	STREET (If rural give location) ADDRESS 3460 39th St., NW	
	3. NAME OF (First) (Middle) (Last DECEASED: (Type or Print) WILLIAM A SACHEN	4. DATE (Month) (Day) (Year) OF DEATH: Feb. 23rd 19 56	
οĮ	5. SEX. 6. COLOR OR 7. SINGLE MARRIED. 8. DATE OF MIDOWED, DIVORCED, (Specify): Widowed Nov.10	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
please write the causes	Work done during most of working life, even if retired): ret. 10B KIND OF BUSINESS OR INDUSTRY:	Austria USA	
9e		4. MOTHER'S MAIDEN NAME:	
(c)	Albert Sachen	unknown	
rit		7. INFORMANT & ADDRESS:	
ase w	(Yes, no, or unk.) (If Yes, give war or dates no	Irma S. Valentine, Wash., D. C.	
ple			
ians:	ANTECEDENT CAUSE (8)	TIVETEART TAILURE 3days  INSUFFICIENCY 5years	
Physicians:	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	INSUFFICIENCY 5 years	
rtan	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		
imp	19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7	
especially important.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.	21c. WHERE DID (City or town) (County) (State)	
	OF INSURT	21F. HOW DID INJURY OCCUR?	
- EG	22. I hereby certify that I attended the deceased from Nov. , 1955 to FEB, 1956 that I last saw the deceased		
correct age	alive on 22 5 5 and that death occurred at	A 'M, from the causes and on the date stated above.  Silver String Med. 23 Feb. 1956	
COL	M. D.  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	_ /- / /	
	Cremation 2-25-1956 Cedar Hill	Crematory, Suitland, Maryland	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	

10 - 53A15 VS.

DATE REC'D BY LOCAL

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

9961 831

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

LLMIND	SIMIL	DEST PARCE MARRIES	O.K.	MDAUM—DA	LIJI IIII OICIJ,	10	
2000	CEF	RTIFICATE	OF	DEATH	Ror	Dist	N

	2700 CERTIFICATI	E OF DEATH Reg. Dist. No 216			
× ×	I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:			
egibl	COUNTY Montgomery MARYLAND	STATE New York COUNTY			
nd leg	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)				
e2 >>	A MOCRITAL OR	STREET (If rurai give location)			
ari.	INSTITUTION OR THE CLINICAL CENTER	Address 7th Avenue			
cleari	perneson, Marthrand				
	DECEASED: Commel (no middle nome)				
death	Taylor of triner	OF BIRTH: 9. AGE isst birthday if under 1 year it under 24 Hrs.			
s of d	Male White Specify Married Oct.	15, 1884 71 yrs. Months Days Hours Min.			
çanse	OA. USUAL OCCUPATION (Give kind of OB KIND OF BUSINESS OR INDUSTRY: even if retired): Life Ins. Bus.	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? U. S. A.			
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
	Jacob Saroff	Sarah Majer			
≱	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS:			
	(Yes, Moor unk.) (If Yes, give war or dates of service) Not available	The Medical Record, The Clinical Center			
please	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	FION INTERVAL BETWEEN ONSET AND DEATH			
	A	- Carrier 111			
S		Gener Carcinon of the next			
sicians	ANTECEDENT CAUSE (8) DUE TO Livy with	metastases to alread + perletine			
ysi	DISEASES OR CONDITIONS, IF ANY, (B)				
Phy	STATING UNDERLYING CAUSE LAST. DUE TO	$\rho$			
بن	(c) foddlen	febrois right lily			
important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	I and generalized aslesselvei			
ш	194. DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATIO	N (Bilopup) 20. AUTOPSY?			
100		Coursel lyst note YEB IN NO			
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DIS City or town) (County) (State)			
8 esp	ZID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?			
ge i	22. I hereby certify that I attended the deceased from Jan.	3, 156, to Feb. 13, 19.56 that I last saw the deceased			
ದ	alive on Beb 13 , 19 56, and that death occurred at	ADDRESS DATE SIGNED 211410			
correct	allan H. Jerz M. O.	The Clinical Center, NIH, Bethesda, Md.			
3	BURIAL CREMATION. DATE THEREOF NAME OF CEMET	bavid Cem. Nassau Co. N. y.			
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 2 14/56 Please W. Hours	24. FUNERAL O)RECTOR 7557 WADDREEDS			

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Sumply every item of information cavefully. A15 - 10 - 53 SS

FOR BINDING

MARGIN RESERVED

The

BUREAU V. E.

FEB 16 1956

BECEINED

MARGIN BESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1975

01985

an Dies No. 223-

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.					
MORIGORETY MARYLAND	maryiand montgomery					
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN TAKOMA Park	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring					
HOSPITAL OR INSTITUTION OR Washington San. & Hospital	ADDRESS 10,304 Colesville Road					
J. NAME OF (First) (Middle) DECEASED (Type or Print) MARION CECELIA	SCHRIDER   4. DATE (Month) (Day) (Year) SCHRIDER   DEATH Feb. 15 19 56					
6. SEX FEMALE   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. Aug. 23, 1908 47 yrs. Months Days Hours Min.					
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWILE	Washington, D. C. 12. Citizen of What Country?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
George R. Schweitzer	Mary Elizabeth McKenna					
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS					
no service)	Mr. Wm. Thomas Schrider, 10304 Colesville Ro					
In. MEDICAL CE	INTERVAL BETWEEN					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH					
Immediate cause (11) Extrusiva 122 2nd	+ 3rd degree turn worky 15 tos					
	The state of the s					
Antecedent cause(s) Diseases or conditions, if any, (b) about 90% A 4	nder					
giving rise to the above cause	The second of th					
stating the underlying cause last						
II. OTHER SIGNIFICANT CONDITIONS						
Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSYT					
	Yes 🗍 No 🖸					
21. EXTERNAL CAUSE WAS PLACE (Hnme, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)					
PRIMARY FOR CONTRIBUTING OF office box., etc.) CAUSE OF DEATH. INJURY From	Gelva Rhung Blanky mo					
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR!					
INJURY 2-15-56 1'sr A m.   work   st work	Clothers caught have by Cinally of you heater					
22 'I certify that I took charge of the remains described above held an A						
22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted						
from: natural causes [3] accident [4], suicide [7], homicide [7],	undetermined .					
SIGNATURE (Degree or titie)	ADDRESS DATE SIGNED					
Thank & Broschart M. U.	Faitherains md/15/10					
23. BURIAL, CREMATION VOATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)					
Bullia AL (Specify) / 2/17/56 Ft. Lincoln						
200. 200. 20	Cemetery   Prince George County, Md.					
DATE REC'D, BY LOCAL REGISTIVAN'S SIGNATURE	1 24 FUNERAL DIRECTOR					

Danie.

Removal

DATE REC'D BY LOCAL

Feb 56

REGISTRAR'S SIGNAT

AtlAngton National Cemetery

RATE TO PUMP IN COMPANIE IN THE INCHES

Wisconsin Avenue, Bethesda, Md

7 A 577 11111

Wind Co

F

H	15')0 CERTIFICATE	OF DEATH Reg. Dist.	No. 2-203	
carefully lagibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
15 E	110. to	H 1	mf.	
IS I	COUNTY // On Tagone By MARYLAND  CITY (If outside corporate limits/write RURAL) LENGTH OF STAY	STATE // COUNTY // ON	190mery	
	OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL a	up give hearest town)	
ion and	TOWN Takoma tarea 1/2 days	TOWN Jakoma PORK		
every item of information auses mf dmmth clemrly mnd	HOSPITAL OR	STREET (If rural give location)		
	Institution or Street Address Washing ton SanitaRium + Hosp	sital 3 Manchester Place		
			Day) (Year)	
	(Type or Print) Bertha Margaret Semm	nes DEATH: 4eh	2 1956	
	5. SEX   8. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH:  9. AGE iast birthday   IF UNDER : Y		
	F Cauc (Specify): Margied Appil	23 - 1890 6.5 yrs. Months D	ays Hours Min.	
	IOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS	II. BIRTHPLACE (State or foreign country):  12.		
ev aus	work done during most of working life, even if retired): //	Handa I and	COUNTRY	
ADING INK. Supply	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME:	4.5.	
	. I II	a / A A A A		
	Hilton	Evelyn Henald		
	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS.		
	(Yes, no, or unk.) (If Yes, give war or dates of service)	Daughter -		
	18. MEDICAL CERTIFICATI	ION /	INTERVAL BETWEEN	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
	2 IMMEDIATE CALISE (A) Tulmona	all delines	2 hrs.	
	MMEDIATE CAUSE  (A) /////////  DUE TO	it carra	D 7-00,	
UNF/	ANTECEDENT CALLEE (S)	V-last to Marca	2 mles	
ysi	DISEASES OR CONDITIONS, IF ANY. (B) Consulture	heart failur	1 10700	
E E	DUE 10	/.		
<b>=</b>	STATING UNDERLYING CAUSE LAST. (C) Uncontist	led brabetes mellitus	2 days	
8	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		0	
it is	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
Zĕ	19A. DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
2 /			YES NO M	
国馬	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)	
WRJ s esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?		
e O	22. I hereby certify that I attended the deceased from 415			
E S	alive on 716, 2. , 1956, and that death occurred at	7 M, from the causes and on the date :	stated above.	

correct

PLEASE TYPE Š

53

A15

MARGIN RESERVED FOR BINDING

CREMATION, LOCAL FUNERAL DIRECTOR ADDRESS

NAME OF CEMETERY OR

DATE SIGNED

county)

town, or

LOGATION (City)

TOTTINA K T

FF3 6 ...

22. I hereby certify that I attended the deceased from lay

DATE THEREOF

REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

19-20

FUNERAL DIRECTOR

NAME OF CEMETERY OR CREMATORY

Mt. Hebron Cemetery

death occurred as

20. AUTOPSY2 NO (State) .. 195 C that I last saw the deceased M, from the causes and on the date stated above. DATE SIGNED LOCATION (City, town, or county) Frederick County, Virginia

mon Gumery

12. CITIZEN OF WHAT

ONSET AND DEATH

S.A.

(Year)

(Day)

FEAR

Dava

(County)

IF UNDER

Months

0

TYPE

EASE

orrect

SIGNATURE

23 BURIAL, CREMATION.

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

BULLAU V. S.

FEB &1 1 5.

DE VIEW CO

# 2002 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH- COUNTY MAN AND AND AND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)  (in this place)	CITY (If outside (dorporate limits, write RURAL and give nearest town) OR
* TOWN BETHES da 19 days	TOWN ROCKVILLE
HOSPITAL OR SUBURBAN HOSP.	ADDRESS Route 1, Stony Creek Roard
3. NAME OF DECEASED (First) (Middle) (Type or Print) RUSSEI	HEAVES DEATH FEB 15 1936
5. SEX   6. COLOR OR RACE   7. SINGLE MARRIED.)   WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday   If under 1 year   If under 24 hrs.   Months.   Days   Hours   Min.
(Specify)  10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired) INDUSTRY . 1	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Federal Rank Examiner red, Deposit Line Co.	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	MARY JAINE MAY
(Yes, no, or unknown) (If year, give war or dates of gervice) W \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MRS. A. C. Cherrer Rock ville And
18. MEDICAL CE	ERTIFICATION , INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) Conomany	Mancians
Antecedent cause(s)	· · · · · · · · · · · · · · · · · · ·
Diseases or conditions, if any, (b)	monea
IL OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	Yes No (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR!
INJURY m. Work At world	9
22. I hereby certify that I attended the deceased from the	5., 19, to D. H., 19. C., that I last saw the deceased
	ADDRESS DATE SIGNED
SIGNATURE OF SITE OF S	Dochwell All 154et 32
REMOVAL (Specify) D-18-56 Determine C	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial // 12-10-30 / Potomac C	hurch Cem Potomac, Maryland
REG. 2/16/56 Bersie M. Hompson	Woble Chunghry Bethesda Maryland

ees o i e

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
			2003 CERTIFICATE OF DEATH  Reg. Dist. No. 2-17
Page 4 director, led with			LACE OF DEATH  COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased hired. If institution; Residence before admission)  STATE  MARYLAND  MARYLAND  MARYLAND  O STATE  MOTEON  D. COUNTY  MOTEON  O STATE  MOTEON  O STATE  MOTEON  D. COUNTY  MOTEON  O STATE  D. COUNTY  MOTEON  D. COUNTY  MOTEON  O STATE  MOTEON  O STATE  MOTEON  D. COUNTY  MOTEON  O STATE  MOTEON  D. COUNTY  MOTEON  D. COUNT
eath,	ار ر	b	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the fur	, Y	1	J. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES PRO
24 hou	ŕ	0	IAME OF First Middle Lost 4. DATE Month Day Year OF SHIPE OF DEATH FEB 18 19 56
within fill	>	5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.
copperson ath.			USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 1. BIPTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
orbon fier de	_ ' }	13.	FATHER'S NAME 9 14 MOTHER'S MAIDEN NAME
hificole ohysicic move c hours, o			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  OG OF UNKNOWN)  If yet give wor or dring of service!  Address  Address
oding passering relation 72		_	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
he dec e otten en ple at with			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Chrh al Moontoon 14dre
that It by the iii. Th			Conditions, if any, which) By altry Jolchosin
requires ion. n signed nsit perm ond in a			gove rise to immediate codie (a), stating the under-lying cause last.
he law physicia ios beer iol-Iran iovol, o	294	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
ending ficate h the bur			20s. ACCIDENT WAS UNDERLYING   OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC all or att his certifuse as emotion		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED Hour a.m., p. m. 19 While ot work all work all work at while of work all work are all work.
hoson Affined hed			21. I certify that I attended the deceased from 10, 1956, to 21/8, 1957, that I last saw the deceased alive on 2/16/0, 1956, and that death occurred at 2,360M, from the causes and on the date /stated above
ATTEN by the CTOR: a detocl			ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL
AL OR			PHYSICIAN'S
HOSPIT oy be re FUNERA age 3 sh e registr		220	NAME (Type)  - BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  REMOVAL (Specify)
TO HO moy I TO FUN page the re		23.	PANERAL DIRECTOR'S SIGNATURE DADDRESS D
VS A15 (4) 15M 9/55		1	of W Barber Veg fourtill DATE 2-2-56 Bertruck B Lawles
			V



VS A15 (4) 15M 9/55

0

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18

01991

CERTIFICATE OF DEATH 2004

			A	,	٠.,
Reg.	Dist.	No.	2	l	-/

1. PLACE OF DEATH 0. COUNTY					2. USUAL RESID	ENCE (W	here deceased	lived. If institut		ence befo	re odmiss	ion)
Montgom	erv		MARY	LAND	o. STATE	land	1	Mont.				
	outside carporate limits	, write	c. LENGTH OF STAY	IN 1b				rate limits, write I	URAL ond	give nec	rest lowr	1)
Laytons	ville		Life		Layto	ngvi	110			X		
d. NAME OF HOSPIT	AL (If not in haspital, gi	re street o	ddress)		d. STREET AC	DRESS				gb.	e. IS RES	IDENCE FARM?
	avtonavil	le			Mar	vler	nd					NO 🔲
3. NAME OF DECEASED	First		Middle		Lost		4. DATE	Moi	ıth	Do	у	Year
(Type or print)	William _		E.	81	mpson		DEATH	Feb.	22			19 56
5. SEX	6. COLOR OR RACE	7. MARRII	ED T NEVER MARRIE	D 🔲	B. DATE OF BIRTH			9. AGE (In years last birthday)				R 24 HRS
Male	Negpe	WIDOWE	D DIVORCE		Feb. 1	9. 1	1885	71 yrs.	Months	Days	Hours .	Min
10a. USUAL OCCUPATIO		one 10b. K	CIND OF BUSINESS O	R INDUS				ountry)	12. C	ITIZEN O	F WHAT	COUNTRY?
Laborer	my me, even in remedi		Farm		Mary	lend	1			IISA		
13. FATHER'S NAME					14. MOTHER'S							
Joseph 51	mpaon				Marth	e Co	nrn Si	lmpson				
IS. WAS DECEASED EVE	IN U. S. ARMED FORC		OC AL SECURITY NO	. 17. H	NFORMANT	<u> </u>		Add	ress			
No	'il yes, give wor or datas of ser		8-16-047	DA	Wife			Leyton	avi l	le.	Md.	
18. CAUSE OF DEA	TH [Entor only one cau	se per line	e for (o), (b), and (c).	)				7		INTE	ERVAL BE	
PART I. DEA	TH WAS CAUSED BY:	0	name	are	UTIN.	i	- H.	21111	2	ONS	ET AND	DEATH
1231	DUE TO	2.7	T 8		1 . 0 .			1	Vice,		,	
Conditions, if a			1 mi	Let.	ally	rnen	neco	of ~		3	m	entle
gove rise to in	nmediate ( Dus TO		and the	C	<del>Clas</del>	120	000	w (				- Cru
lying cause lost.	ne under-							•				
	) (c). IER SIGNIFICANT COND	ITIONS CO	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	F CONDITION OF	FNI INI PA	RT 1(m) 1:	O WAS	AUTOPSY
PART II. OTH					THE REPUBLIC	*****	III THE O'GENG	CONDITION OF	LIV NY IA	Kt I(O)	PERFO	RMED?
20a. ACCIDENT WA	S LINDERLYING CI	20h DESC	RIBE HOW INJURY OF	CCUPPE	) (Enter polyre of	injury in	Port I or Port	It of item 18 )			1172	NO 🗗
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	100. DE3C	AIDE IION INDOKT O	CCORNE	o, ichici nalaie ai	entory m	1011101101	11 01 11610 18.7				
20c. TIME OF INJUR Haur a. m.	f Month, Day, Year		JURY OCCURRED		ACE OF INJURY IH			or lown]		(County)		(Slate)
Hour a.m.	19	While at work	Not while	Tac	tary, street, affice	alag., elc	5-7 E					
	at I attended the		70.7	- 2	الدوا. ك	7	il.	2.7.10.6	2 11 - 1	1		1
alive on 75	1. 2	10	g j din2222223		mesed ! Clause	a married		197				
alive dii_ 7_C	Torrestan Surange.	., 192_	_Se_, and indi	aeam	accurred at		M, fran	n the causes of reet, city or town,	and on	the dat		ed abave. ATE SIGNED
ACTUAL V	116.11.1	1		10	۳).		1/2	100	sidie)	') :	1 3	2 2
SIGNATURE	SIGNATURE YOUR SULLENGUE M.D. SULLEGE SET 17, 111. 2/23/56											
PHYSICIAN'S	r. Jack S	ohun	maxing		Go	4 the	ersbu	rg. Md.	, ,			
				TERL C		7 0116						
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL			22c. NAME OF CEME	_			1 -	ION (City, town,	_	202	(State	e)
		6, 1	1956 Broo	Ke	Grove			tonsvil		MQ.		
23. FUIVERAL DIRECTOR	SIGNATURE		ADDRESS	. /	11,		D BY REGIST	. 2	Amr	-	*	1
Mancin	tt Lann	in .	Jaylono	will		DATE 7	-24-	5-1 1201	rund	. 112	- Land	11-41



VS. A15-10-53

MARYLAND STATE DEPARTMENT OF I DEATH

Reg. Dist. No.2/6

8 1 4				
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY ON COMETY MARYLAND	state Maryland county Lontgonery			
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nesrest town]			
OR and give nearest town) (in this place)	TOWN Bethesda			
HOSPITAL OR	STREET (If rural give location)			
INSTITUTION OR THE STREET ADDRESS 7020 River Road	ADDRESS			
	7020 River Road			
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)			
Type or Print: MARION WAIR SLO	All prayure oh 1 so 64			
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTHOO! 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS.			
remale widowed pivorced Apr.	23, 419 1 /1 yrs 9 9			
NOA. USUAL OCCUPATION (Give kind of 10s KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12 CITIZEN OF WHAT COUNTRY?			
even if retirediousewife	Pennsylvania UBA			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Andrew Weir	Janet Hoffett			
18. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
(Yes, no, or unk.) (If Yes, give war or dates of service) nome	Rob rt Sloan -7020 aiver na			
18. MEDICAL CERTIFICATION INTERVAL SETWEEN				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
the state of the s	ea, acute 2 days			
	and the same			
ANTECEDENT CAUSE (S)	A de mand de la manda de la ma			
GIVING RISE TO THE ABOVE CAUSE DUE TO	min Carilia veccular dis. 12 yrs			
STATING UNDERLYING CAUSE LAST.	11 11 12			
(C) V/a	Seles mellilux. 9 900			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?			
many many	YES NO Z			
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg.,	cory, 21c. WHERE DID (City or town) (County) (State)			
210. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	1 21F. HOW DID INJURY OCCUR?			
OF INJURY While While at work at work	none			
22. I hereby certify that I attended the deceased from A	, 195 4to Fell-1. , 1956, that I last saw the deceased			
signature , 19 , and that death occurred at	M, from the causes and on the date stated above.			
11.4.13				
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	. D.  ERY OR CREMATORY   LOCATION (City, town, or county) (State)			
Burial-Transit 2-1-1956	Forty Fort.			
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE REGISTRAR	Both di, d.			
	11 16 A.M. 11. PH. 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No.....

CERTIFICATE OF DEATH 2000

₩ JU <b>U</b>	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomen MARYLAND	STATE Md COUNTY Montgomby
OR and give negrest town)  LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Silver Spring 8 year	TOWN Silver spring
HOSPITAL OR INSTITUTION OR 19034 Old Blademburg	STREET (Wrural, give location) ADDRESS Old Bladethbury Road
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) James A 5	omers DEATH: Fret 29 1956
	OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HES.
Male White (Specify): Widowif M.	ay 1,1863 92 yrs. Months Days Hours Min.
106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	Sular Page County Va 2 S A
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Isase somer	Mrs. Mary a Prints
15. WAS DECEASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.)] (If Yes, give war or dates of service)	INFORMANT & ADDRESS: 9024 Old Blodenstry Ra
18. MEDICAL C	EDTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
in / hy tostaly	Vilumoma 2 days
Immediate cause DUE TO	
Antecedent cause(s) Diseases or conditions if any (b)	Least Fraitine 6 yrs
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last  (c)	Iterisorlessons
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSX?
	Yes No.K
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY M. work □ at work □	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	24, 1942, to 712/22, 1956, that I last saw the deceased
	2:15. P.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE	E) ADDRESS . DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	ATT OR CREMATORY LOCATION/City, town, or county) (State)
Trans & Burial: 2/29/56 Mt. Zion Cem	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR 8434 Ga. AVE.
	Whenes to tumpurey Silver Spring, Md.
	· V

SECELVED AND

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	2907 CERTIFICATI	E OF DEATH Rog Dist	. No. 216		
20	I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED District of Columbia	D		
90	COUNTY Montgomery MARYLAND	STATE COUNTY			
and I	OR and give nearest town)  TOWN Bethesda  CITY (If outside corporate limits, write RURAL (in this place)  TOWN Bethesda  LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL a OR TOWN	ina give nearest town		
B >	HOSPITAL OR The COLUMN TO A	STREET Washington	****		
	INSTITUTION OR THE Clinical Center	ADDRESS			
clear	Nat' I Inst. of hearth	(Last) 4. DATE (Month) (1	Day) (Year)		
<u> </u>	DECEASED:	OF	, , , , , , , , , , , , , , , , , , , ,		
dea		OPET DEATH: February OF BIRTH: 9. AGE last birthday I F DNOER IV	7 23 19 56		
OI	Male RACE: W.DOWED. DIVORCED. (Specify): Married Janua	ry 9, 1880 76 yrs. Months D			
causes /	OA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS work done during most of working life, OR INDUSTRY;	II. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHA		
ទី/	even if retired): Farmer Farming	Maryland	U.S.A.		
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
٥	Thomas A. Soper	Florence Soper			
write	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 18, SOCIAL SECURITY NO.	17. INFORMANT & AODRESS:			
9	(Yes, no, or unk.) (If Yes, give war or dates of service) Unknown	The medical record, The Clin	deal Center		
623	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN		
ď.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	ONSET AND DEATH		
20	IMMEDIATE CAUSE (A) CAKINOMY	a of torque with granding	Tweeks +		
ıan	ANTECEDENT CAUSE (8)	mitenting	1		
Sic	OISEASES OR CONDITIONS, IF ANY. (B)	11/00/3000			
Fhysicians	STATING UNDERLYING CAUSE LAST. OUE TO				
	(C)				
tan	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
important.	DISEASE OR CONDITION CAUSING DEATH.				
m.	194 DATE OF OPERATION: 199. MAJOR FINDINGS OF OPERATIO	1 1 - 12 - 15 7 100	20. AUTOPSYT		
<b>*</b>	1-23-56 Calcinoma of longue will		YES NE		
ecial	21A. ACCIOENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF OEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)		
esb	210 T.ME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?			
80	M. at work L				
90	22. I hereby certify that I attended the deceased from Dec .	28 , 19.55 to Feb 23 , 19.56 that I last	saw the decease		
64	alive on Feb. 23, 19 56, and that death occurred at	M, from the causes and on the date	stated above.		
correct	SIGNATURE	ADDRESS DAT	TE SIGNED		
OLL	Milliam (laner M.D) M	oThe Clinical Center 2-2	county) (State		
Ç	DEMONIAL CONTROL OF	ill Compley Sentland	(State		
	DATE REC'O BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Symmo B	ADDESS		
	REGISTRAN 24-15 Busi M. Howkson	1661- ad Hon Kd & 2 40	120 DC		

VS. A15-10-53

Supply every item of information carefully.

UNFADING INK.

PLEASE TYPE OR WRITE PLAINLY, WITH

MARGIN RESERVED FOR

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10 - 53

A15

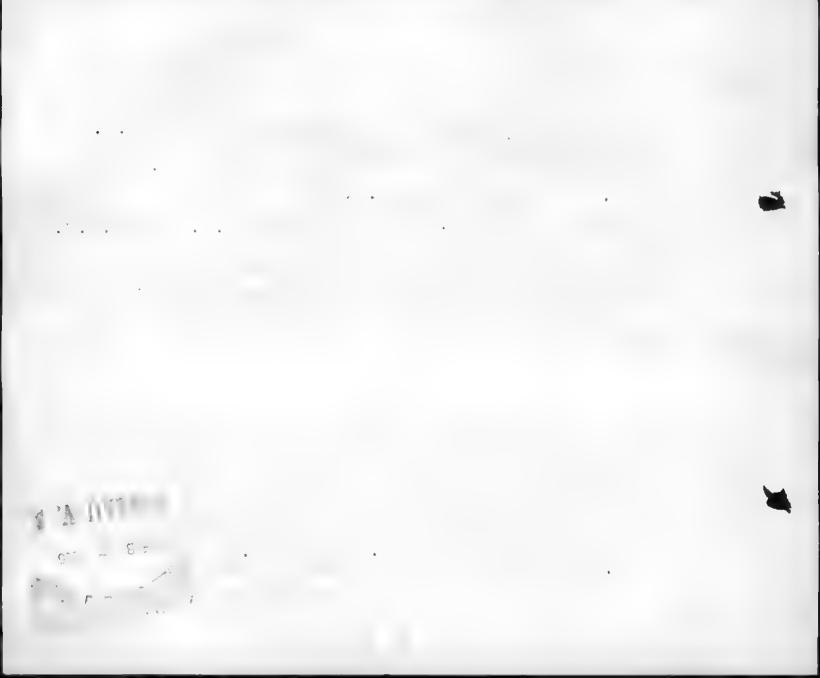
VS.

PLEASE

The

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 01005			
2')(18 CERTIFICATI	E OF DEATH Reg. Dist. No. 2 / . 6			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Montgomery MARYLAND	District of Columbia STATE COUNTY			
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  Bethesda  LENGTH OF STAY (in this place)  25 days	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington			
HOSPITAL OR INSTITUTION OR STREET ADDRESS  The Clinical Center Bethesda, Maryland	STREET (If rural give location) ADDRESS 5201 **O** Street, S. E.			
	(Last) 4. DATE (Month) (Day) (Year)			
(Type or Print) beverly Diane Spre	Duse DEATH: Feb. 17, 19 56			
Female W. WIDOWED, DIVORCED. Oct.	3.00			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	Washington, D. C. 12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Otis Randolph Sprouse	Lucille Allison			
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, mor unk.) (If Yes, give war or dates of service)  None	The Medical Record, The Clinical Center			
18. MEDICAL CERTIFICAT	INTERVAL BETWEEN			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
14.8 IMMEDIATE CAUSE (A) Pulmon	ary edema mentes			
ANTECEDENT CAUSE (S)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  (B)  (B)  (B)  (C)  (C)	whening ! me day			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	ZO. AUTOPSY? YES X NO			
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) (State)				
OF INJURY  OF INJURY  OF INJURY  OF INJURY  OCCURRED  While Not while at work at work	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan.	23, 1956, to Feb. 17, 19 56 hat I last saw the deceased			
alive on . Feb. 17 ., 19.56, and that death occurred at 10:15AM from the causes and on the date stated above.  SIGNATURE  ADDRESS  DATE SIGNED  M. D. The Clinical Center, NIH, Bethesda, Md.				

alive o SIGNAT BURIAL. BURIAL, CREMATION, TREMOVAL (SPECIFY) 1 WATIONAL DIRECTOR
W. W. CHAMBERS DATE REC'D BŸ LOCAL REGISTRA



rice a T		7		,			0.4	00/
MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMO	ORE,	18	UI	990
2909	CEI	RTIFICATE	OF	DEATH	Reg.	Dist.	No.	215

ly.	1.	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	);		
and legibly		COUNTY MONTGOMERY MARYLAND	STATE New Jersey COUNTY			
leg	_	COUNTY MARYLAND  CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL as	nd give nearest town)		
P		OR and give negrest town) (in this place)	OR	and give incartest spwiii,		
	X			1 1 44		
death clearly		HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	7		
200	ē "	STREET ADDRESS U. S. Naval Hospital, NNMC.	ADDRESS 316 Casino Street			
ਹ		NAME OF (First) (Middle)		hy) (Year)		
끉	ω,	DECEASED: Fire Comen em				
20		(Type or Frant)	DEATH:			
of	ວ.	PACE. WIDOWED DIVORCED	8-83  9. AGE last birthday 15 UNDER 1 VI			
causes	10A	USUAL OCCUPATION (Give kind of work done during most of working life. even if retired HOUSEWIIE HOUSEWIIE	ri. Birthplace (State or foreign country): 12. Nebraska	COUNTRY?		
9	13.	FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
다		Orrin A. COOPER	Calita MERRIFIELD			
ite						
please write the	15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, 10. or unk.) (If Yes, give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Husband RADM Emory D. STANLEY Same as above					
63	= -	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN		
ple	I	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH		
Physicians:	/ Ximmediate cause (A) Lobular Preis is					
Ci8		ANTECEDENT CAUSE (S)		1.		
ysi			nsufficiency	o weeks		
	S1	VING RISE TO THE ABOVE CAUSE DUE TO TATING UNDERLYING CAUSE LAST.	of atomoch with	+		
important.	TT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
rta		TO THE DEATH BUT NOT RELATED TO THE				
ро		DISEASE OR CONDITION CAUSING DEATH.				
in	197	DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	4	20. AUTOPSY?		
				YES KOK NO		
especially	ory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)				
	21D. T.ME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work					
50)						
t age	alive on 12 100, and that death occurred at 12:40 M from the causes and on the date stated above.					
၁၅		SIGNIM USER		E SIGNED		
correct	.G.	BURIAL, CREMATION, DATE THEREOF   NAME OF CEMET	patal, NNMC, Bethesda, Maryland			
Ü	23.	DEMOVAL (ESECIEV)	1			
	Bı	rial (specify) 15 Feb 56 Arlington Na	tional Cemetery, Arlington, Vi	rginia		
	D	ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE EGISTRAR 3 Feb 1956	R4. AUNTAMPATES Tuneral Home	ADDRESS		
	باد	3 Feb 1956 Many 6 Varrelly	7557 Wisconsin Avenue, Bethes	na' Mar Arana		

BUREAU V. S.

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DECENTED



VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1908 CERTIFICATE OF DEATH

RE, 18 01998 Reg. Dist. No. 223

	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
3	COUNTY / MARYLAND	COLLEGE AND
	CITY (If outside corporate limits Audita BURALLIENCEH OF STAV	CITY (If outside forporate limits, white)RURAL and give hearest town)
0	OR and give hearest town) (in this place)	OR TOWN Of A Section of the section
	HOSPITAL OR	The the territory of th
	INSTITUTION OR	STREET (If ry'ral give lorghious
3	STREET ADDRESS Of Phila Mil.	401 Hursdalo Glave
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	DECEASED: (Type or Print) F1/2	ea Rm DEATH: 2 20 1956
	5. SEX:   S. COLOR OR   7. SINGLE, MARRIED,   8. DATE O	OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS.
}	RACE; // WIDOWED! DIVORCED, (Specify); // January MAN	- 13 - 1875 80 7 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
1	work cone during most of worklow fife, even if retired it sellers in the selection in the s	W Server COUNTRY?
		14. MOTHER'S MAIDEN NAME;
	WALDUM Solumba	The Contraction to
)	15 WAS DECEASED EVER IN U.S. ARMED FORCES / 16. SOCIAL SECURITY No.; 17. J	INFORMANT & ADDRESS:
	(Yes, no, or unk.) (If Yes, give war or dates of	
1	(1) service)	
	18. MEDICAL CERTIFICATIO	DN Interval Between
3	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Death
3	Immediate cause (a) Coronary Th	Rom bosis minutes
2	DUE TO	
2	Antecedent causes (s) Diseases or conditions, if any, (b)	
	giving rise to the above cause stating the underlying cause last. DUE TO	A A A A
	(c) Hypertensive	-Arterioscheric Heart Dis 15+ Yrs
3	II. OTHER SIGNIFICANT CONDITIONS	
1	Conditions contributing to the death but not related to the disease or condition causing death. Interch	anteris tracture lothin 6 wks
S INC	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
	1-7-56 FRACTURE - hip pin	nned , GARTield Hospital Yes No D
2	2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
1	HOMICIDE INJURY	
1	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?
3	INJURY m.   Work   At Work	
3	22. I hereby certify that I attended the deceased from	1954 to 2-20, 1956 that I last saw the deceased
5	aliye on .2	A.M., from the causes and on the date stated above.
1	SIGNATURE, (Degree or title)	ADDRESS DATE SIGNED
۵	23. BURIAL, CREMATION, LOATE THEREOF, NAME OF CEMETER	Y OR EREMATORY IN LICENTION (City, town, or county) (State)
	REMOVAL (Specify) 772756 H Juneoln	Com. Runer Leone to met
		4. FUNERAL DIRECTOR ADDRESS
	Jest n 1936 X Hour Dodd	- of Herres (0. 2901 145/NN
		What Da

Reported to and approved by
The montgomery Countey Medical
Examiner on 2/20/56

8 muniner Medical

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BECEINS

death.

FILLS V. S.

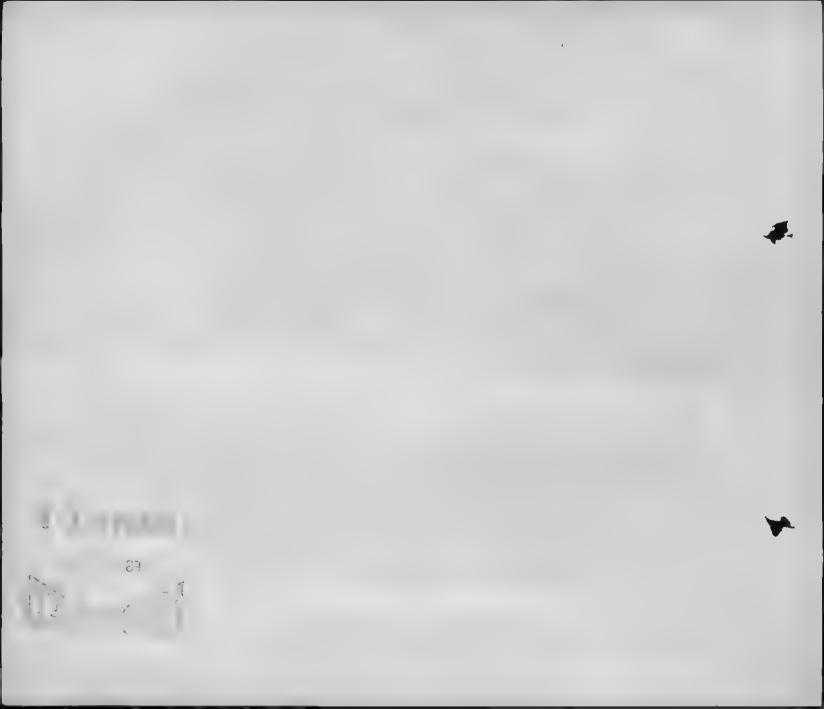
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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mation	h clearly and legi
of infor	ns: please write the causes of death cl
ritem o	uses of
v every	the ca
Suppl	write
INK.	please
TINFADING	portant, Physicians: please write the causes of death
Y. WITH	age is especially important,
TEASE WRITE PLAINLY.	specially
WRIT	ge is e
T.EASE	2

VS. A15A - 5 - 53

2013 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. 2002
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 216
. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MAN TO MARYLAND STATE Mel COUNTY MENLY	
OR and give nearest (town) TOWN  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (In this place)  OR TOWN  CITY (If outside corporate limits write RURAL and OR TOWN  TOWN  TOWN  TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GISTURE ADDRESS GIST GUZ	_
NAME OF (First) (Middle) (Last) (DATE (Month) (Day DECEASED: (Type or Print) Charles (Middle) (Last) (DATE (Month) (Day DEATH 2 - 2 -	(Year)
SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I Y MIDOWED, DIVORCED, 5 - 16 - 1866 29 yrs. Months Da	BAR IF UNDER 24 HRS.  Ays Hours Min.
Os. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
3. FATHER'S NAME: 11. MOTHER'S MAIDEN NAME: Sure fall	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:  17. INFORMANT & ADDRESS:	
18, MEDICAL CERTIFICATION	1
L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Tulma . my embels	2 hus
DUE TO	
Diseases or conditions if any. (b) Nell's Month town of which the	10 day
stating underlying cause last (c) Frasture left Remin	21 days
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   21b. PLACE (Home, farm, factory, OF street, since bidge, etc., INJURY OCCURRED   11b. How DID INJURY OCCUR? (County)	(State)
OF INJURY 2 2 3 M. While at work of Fall not thorne	
22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection	
find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or construction):	Sunty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR PROBLEM & Warner E. Prenglery &	ADDRESS



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2014 CERTIFICATE OF DEATH

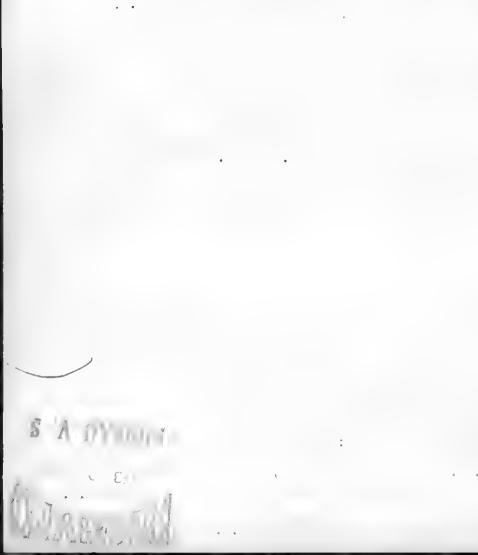
g. Dist. No. 215

W/AR OBIGIOALI	Reg. Dist. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMERY MARYLAND	STATE District oc Columbia
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Bethesda Rural 2 mo 6 days	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
HOSPITAL OR INSTITUTION OR / STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) ADDRESS 4900 11th Street, N.E.
DEGELARD	(Last)  4. DATE (Month) (Day) (Year)  OF February 5 1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. B. DATE WIDOWED, DIVORCED. White (Specify): Married 12-7	7-97  9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 MRS. Months Days Hours Min.
work done during most of working life, even if retired): Sales Clerk   Drug Chain	Pennyslvania (State or foreign country): 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME;
William B. Thompson	Martha (UNKNOWN)
(Yego, or unk.) (If Yes, give war Ir dates 579 16 8101	Wire Man Anna R. THOMPSON Same as above
18. MEDIGAL CERTIFICAT	THE THE PET WELL
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Periton	its, acute 4 when
ANTECEDENT CAUSE (8)	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  Oberation  DUE TO	for carsinoma of colon 4 who
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
191. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	in flague of Colon YEST NO [
21A. ACCIDENT WAS UNDERLYING 215 PLACE (Home, farm, factor Contributing Cause of Death (if either, notify medical examiner)	tory. 21C. WHERE DID (City or town) (County) (State)
2ID. TIME (Month) (Day) (Year) (Hour) 2IE INJURY OCCURRED While Not while at work at work	2 1F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from .28 I	Dec, 19 55 to 5 Feb , 19 56 that I last saw the deceased
SIGNATURE M. J. Jewa	9:15 <sup>A</sup> , from the causes and on the date stated above.  ADDRESS  DATE SIGNED
M. L. GERHER CAPT, MC, USN U. S. Naval Hos	phtal, NNMC, Bethesda, Maryland
Burial (SPECIFY) 7 Feb 56 St Elizabe	th Memorial Park Cemetery Goshen, N.J.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	The House of Puncy at Home Address 517 11th St S.E. Washington, D.C.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information-carefully.

MARGIN RESERVED FOR BINDING



Aug.

carefully

information

of

legibly

and

clearly

OF TNJURY

19A. DATE OF OPERATION:

HOSPITAL OR

3. NAME OF

Female

DECEASED:

(Type or Print)

13. FATHER'S NAME:

INSTITUTION OR

STREET ADDRESS

RACE:

work done during most of working life. even if retired): HOUSEWIIE

OA. USUAL OCCUPATION (Give kind of)

IMMEDIATE CAUSE

ANTECEDENT CAUSE (6) DISEASES OR CONDITIONS, IF ANY,

21A. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21p. TIME (Month) (Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from Jan. 28, 19 56 to Feb. 10, 19 56 that I last saw the deceased and that death occurred at 1:40PM, from the causes and on the date stated above. live on

DATE THEREOF 23. BURIAL, CREMATION. (SPECIFY)

Parklawn Cemetery

FUNERAL DIRECTOR

LOCATION (City, town, or county) Montgomery County, Md.

8434 OLPPRESS Tunikkey Silver Spring.

S WITH MARGIN important. AINLY,

C. A. Doggette S. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates

16. SOCIAL SECURITY NO. None

KIND OF BUSINESS

OR INDUSTRY:

14. MOTHER'S MAIDEN NAME: Maude McCord

Tennessee

11. BIRTHPLACE (State or foreign country):

17. INFORMANT & ADDRESS:

The Medical Record, The Clinical Center INTERVAL BETWEEN

MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

30. 1903

DUE TO (C)

DUE TO

(B)

21E While

at work

WIDOWED, DIVORCED.

(Specify):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

198. MAJOR FINDINGS OF OPERATION

none

INJURY OCCURRED

at work

218 PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21c. WHERE DID (City or town) INJURY OCCUR?

21s. HOW DID INJURY OCCUR?

M. D. The Clinical Center, NIH, Bethesda. Md.

NAME OF CEMETERY OR CREMATORY

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

(County)

Montgomery

(Dav)

10

Days

IF UNDER 1 YEAR ,

Feb.

YIS.

Months |

(Year)

19 56

IF UNDER 24 MRS.

ONSET AND DEATH

20. AUTOPSY? NO

DATE SIGNED 2-10-3/

(State)

Hours

12. CITIZEN OF WHAT

TYPE 国 PLEAS

WRITE

0

BUREAU V. S.

EEB 12 1826

BECEINED

# MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY is especial A15 SA

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02005

	2916		2411 N. Charles	St., Balti	imore			A .
)	<i>491</i> 0	CER	TIFICAT	E OF	DEATH		Reg. Dist. No	216
I. PLACE OF DEA			1	2. USUA	L RESIDENCE (H	IOME) OF D	ECEASED:	
County	Herry 111	Chart !	W.L.	State	211	County	Mart	Constitute of
(If our	teide city or then limits 1 death?	Write RURAL and give nea	rest town)	City or town	(1 Coutside city	or town little, wr	cite RUIJAL and give n	earest town)
Hospital, Institution, or s	treel address where	h geourred:	mus )	Street No,	7414 -	Dak	Lane	<b></b>
How lone in hospital or i	nstitution?			2.(a) If vet	eran, name war	(Ifrural, give LOC		43-3-3-3-00-3-4-4-113-4-113-4-113-4-11
3. (a) FULL NAME		7					3. (b) Social Securit	y Number
71	laux	Louise	Thor	usso	ore,			-
4. Sex	5. Color or rece	6.(a)Single, married, widowed, or	divorced		MEI	DICAL CER	TIFICATION	7.32
famale	white	moone			DEATH PLO	mary	19-3	P., 21 -2
6.(b) Name of husband 4	The state of the s	12. 12-13 1 hs	and the same	20	1 that death occurred 24	or the date wove s	fated: That Lattended de	23,56
7. Birth date of	See Jane 1	6.(e) If alive, give age	years	and that I le	ist saw h.#Zalive	01 F	4 23	19.5 6
deceased (mo., day, yr. 8. AGE: Years	Months	Days It less than one d	ay	Immediate	release	Ther	oneboore	DURATION
74	11	15hrs.	,min.					
9. Birthplace	(Town, cou	nty, and wate)		Oue 10	prefer	Chit	Association of	- It you
10. Usual occupation	Andrew a a man	1/.	************ * *****	Due to	Janes	in a	temiscle	win 5+ yrs
11. Industry or business	1.01.	A - to			Mat.			
12. Name	ou love	Car 1	b	Biher condit	ions after	Din		J. J. G.
E 14. Maiden name	mary	Hardin		and declaration		incy within 8 mont	ths of death)	3
15. Birthplace	Comple	u Con	Wa.	Major fiedi	age of operations			
16. Informant MCV	5. Knosell	- Taylor	danglot	Antopsy re	raits (Mc	Y do	death should be charge	
Address 74/4	- Bak	lowe.			N: Please underline to NCE: It death was due			e maduneaby.
(Burisl, cremation,	or removal Which?)	Bate thereof (month) (c	day) (year)	Accident, si	uicide, or homicide,	***************************************	Date of	(h() ) () (10) (10)
Cemetery or cremater)	-1111		>= ===================================	Where did l	njury occur?	City or town)	(County)	(State)
Location	11210 -0	L, Yaz,	P484 480 P4 # 8884 P4 P			ubtic place (where	?)	4(+) ) + 4 ) + 4 5 584
18. Funeral director	13. 12. Tais	Early divid	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Means ot In	jury		Injured at work?	12 5
Address / 7/6 &	Jakiel	)) 70.		23. SIGNAT	yse to	call	Zana	Sun
19. Date rec'd by regi	19 56	Denie M. Ha	Registrar	Address	315-19	4 SIX	Denate Gene	Z- 23-56
			-//					

TOTAL SEE

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

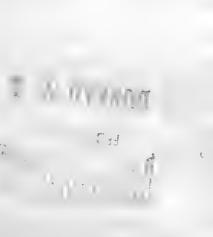
# 2917 CERTIFICATE OF DEATH

02006

CITY (If outside con town CITY (If outside con town CITY (If outside con town CITY (It outside c	and could provide limits, write RUI Gaithersb (If rui #2 A. DATE DEATH 9. AGE less birthet 78 oreign country) EN NAME ast name un & ADDRESS	RAL end give location  (Month)  2  IF UNIT  Wrs. Months	Rural  (Dey) (Yeer)  23 19 56  DER 1 YEAR   IF UNDER 24 F
CITY (If outside con town Control of town Cont	#2  A. DATE DEATH 9. AGE (on birthout 78 oreign country)  EN NAME ast name un & ADDRESS 1 Record	(Month)  (Month)  (Month)  (Month)  (Month)  (Month)	(Dey) (Yeer)  (Dey) (Yeer)  2/3 19 56  DER 1 YEAR IF UNDER 24 F  Deys Hours Mi  12. CITIZEN OF WHAT  COUNTRY?  USA
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TOWN G STREET  Rt.  [Lost)  Thompson BIRTH  5/77  1. MRTHPLACE (Slote or Re  Maryland 14. MOTHER'S MADE  Sarah-La  17. INFORMANT of Hospita	#2  4. DATE INT DEATH 9. AGE less birthes 78 oreign country) EN NAME ast name un a ADDRESS 1 Record	(Month)  IF UNIT  YES. Months	DER 1 YEAR IF UNDER 24 F DOYS HOURS MI  12. CITIZEN OF WHAT COUNTRY? USA
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Maryland 14. MOTHER'S MADE Sarah-La 17. INFORMANT HOSDITA	en NAME ast name un a ADDRESS	ıknown	INTERVAL BETWEEN ONSET AND DEATH
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Sarah-La 17. INFORMANT Hospita	ast name un a ADDRESS	ıknown	INTERVAL BETWEEN ONSET AND DEATH
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of thy ro-	ed		10 423
			20. AUTOPSY?
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c. WHERE DID INJURY OC	CUR? (City or town)	(C	ounty) (Stele)
II. HOW DID INJURY OC	CUR?		
19.574 to =2	7/23 19	56 that	t I last saw the deceas
7:05 AM from the	e causes and on t	the date sta	ated above
AE	DDRESS (Street, city	y, lown, state)	DATE SIGN
Jaudy Spr	ring, Adh,		5/23/
REMATORY	LOCATION (City	, lown, or cou	inty) (State)
o Cemeters	v Emory	Grove	
	/ ======= ± ,7	77 40	ADDRESS _
25. EUNERAL DIRECTOR	R'S SIGNATURE	) ,†	ADDR433
	1937, to 57.05 A.M. from th	ADDRESS (Street, class)  Jacoby Spring And A.  CREMATORY LOCATION (City  Ve Cemetery Emory	1934, to 2/23, 1956, the 2/23 AM, from the causes and on the date st ADDRESS (Street, city, town, stete)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARGIN RESERVED FOR BINDIN

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# maryland state department of health—baltimore, 18 02008

2019 CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

1. PLACE OF DEATH:	2 USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE New Jersey COUNTY
COUNTY Montgomery  CITY (If outside corporate limits, write RURAL) OR and give nearest town) Y TOWN  CITY (If outside corporate limits, write RURAL) OR and give nearest town) Y TOWN  CITY (If outside corporate limits, write RURAL) OR and give nearest town)  CITY (If outside corporate limits, write RURAL)  (In this place)  CITY (If outside corporate limits, write RURAL)  (In this place)  CITY (If outside corporate limits, write RURAL)  (In this place)  CITY (If outside corporate limits, write RURAL)  (In this place)  CITY (If outside corporate limits, write RURAL)  (In this place)  CITY (If outside corporate limits, write RURAL)  (In this place)  CITY (If outside corporate limits, write RURAL)  CITY (If outside corporate limits, write RURAL)  (In this place)  CITY (If outside corporate limits, write RURAL)  (In this place)  CITY (If outside corporate limits, write RURAL)  (In this place)  CITY (If outside corporate limits, write RURAL)  (In this place)  CITY (If outside corporate limits, write RURAL)  (In this place)  CITY (If outside corporate limits, write RURAL)  (In this place)  CITY (If outside corporate limits, write RURAL)  (In this place)  CITY (If outside corporate limits, write RURAL)  (In this place)  CITY (If outside corporate limits, write RURAL)  (In this place)  CITY (If outside corporate limits, write RURAL)  (In this place)  CITY (If outside corporate limits, write RURAL)  (In this place)  CITY (If outside corporate limits, write RURAL  (In this place)  CITY (If outside corporate limits, write RURAL  (In this place)  CITY (If outside corporate limits, write RURAL  (In this place)  CITY (If outside corporate limits, write RURAL  (In this place)  CITY (If outside corporate limits, write RURAL  (In this place)  CITY (If outside corporate limits, write RURAL  (In this place)  CITY (If outside corporate limits, write RURAL  (In this place)  CITY (If outside corporate limits, write RURAL  (In this place)  CITY (If outside corporate limits)  CITY (If outside corporate limits)  CITY (If outside corporat	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Margate
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethesda, Maryland	STREET (If rural give location) ADDRESS 6 North Rumson Avenue
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Martha Virginia Tsch	hudy OF DEATH. Feb. 6, 1956
Female White Specify Married Aug.	21, 1903  9. AGE last birthday IF UNDER 14 Mrs. Hours Min.
ioa. USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS work done during most of working life, even if retired): Housewife	Pennsylvania 12. CITIZEN OF WHAT COUNTRY?
	14. MOTHER'S MAIDEN NAME:
William Rickert	Bessie Ervin
13. FATHER'S NAME:  William Rickert  15. Was Deceased Ever In U.S. Armed Forcest (Yes, no. or unk.) (If Yes, give war or dates of service)  Nome	The Medical Record, The Clinical Center
NO of service) None  18. MEDICAL CERTIFICA  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
ME TASTATIC	TUMOR IN BRAIN, SECURDORY
	RCINOMA OF RIGHT BROAST
ANTECEDENT CAUSE (S)	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A)  DUE TO  DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
7	ZO. AUTOPSY?
	1 TO CONTRACT OF THE PARTY OF T
21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, farm, farm) 21B PLACE (Home,	ictory 21c WHERE DID (City or town) (County) (State) c., etc.   INJURY OCCUR?
21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, fa	21F. HOW DID INJURY OCCUR?
22 I haven'y cartify that I attended the deceased from	, 1956, to Feb. 6, 1956, that I last saw the deceased
	t 7:054 M from the causes and on the date stated above.
alive on	ADDRESS DATE SIGNED 2/6/5
Horace Herboson	M.D. The Clinical Center, NIH, Bethesda, Md.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY   LOCATION (City, town, or county) (State)
12-6-56	Atlantic City, New Xoomest Sey
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR! - (-5 (	Roberta Sumplum Bethesdo Ma

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# VS. A15-10-53

eu	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	02009
r. The	1910 CERTIFICATE OF DEATH Reg. Dist.	No. 223
ully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
careful legibly	COUNTY M BUT O DIMOR 4 MARYLAND MC STATE Some COUNTY	
ca   le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give hearest bown) (in this place) OR	d give nearest town)
tion	TOWN Ja Roma Pan R 2 410. TOWN	,
of information carefully ath clearly and legibly.	HOSPITAL OR INSTITUTION OR TOTAL ADDRESS (If rural give location)	1
info cle	3. NAME OF (First) (Middle) (Lept) (A. DATE (Month) (Date (Month))	(Year)
m of i	DECEASED: OF TA	0 1956
de	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 19. AGE last birthday 15 UNDER 1 YE	
	F. RACE: WIDOWED, DIVORCED 7 Dec 1894 61 yrs Months Da	Hours   Min.
causes		OUNTRY?
oly le c	13 FATHER'S NAME: 14 MOTHER'S MAIDEN NAME:	47.2
Supply te the c	John Henry Orr Ellen Mc Gillicuty	•
155	19 WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	Mudage
INK.	of service) WEST 578-36-423- AUSTIN VAN WOOTEN	- Sam Ala
IG IN lease		INTERVAL BETWEEN
NIC	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
UNFADING sicians: plea	IMMEDIATE CAUSE (A) Trogulate, Victor North Va	3 years.
INI	ANTECEDENT CAUSE (8) DUE TO Commenting lateral feels	escio d
WITH UNFA	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	
(ma)	(C)	
~ @	TO THE DEATH BUT NOT RELATED TO THE	
NL	DISEASE OR CONDITION CAUSING DEATH	
2 1	THE MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
rel 1	21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factory, OR CONTR BUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  (County of Injury occur?)	) (State)
P- 100	OF INJURY  M. at work at work	eiven ner
OR or	22. I hereby certify that I attended the deceased from, 1954, to, 19 , that I last s	saw the deceased
U-1	alive on, 19 , and that death occurred at 6:30 PM, from the causes and on the date st	ated above -
SE TYPE	SIGNATURE 103 CH 1/1/ FACE	360 1926
SE	23 BURIAD CREMATION, DATE THEREOF   NAME OF CEMETERY OR CREMATORY LOCATION (City, town, of	county) / (State)
≪	REMOVAL (Shelify) 2.23-56 arlington hat arlington	, Va
PLE	DATE REC'D BY LOCAL REGISTRADIS SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS

Note: This pet was terminal a was seen by Dr. Schreiber on 19 Feb it. He je now deil de hard hard Hardnon of

BUREAU V. S.

FEB 83 1020

BECEINED

NAME OF

REGISTRAR'S SIGNATURE

22. I hereby certify that I attended the deceased from

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alive on . SIGNATURE

REGISTRAR

23. BURIAL, CREMATION.

Burial-Transit DATE REC'D BY LOCAL

REMOVAL (SPECIFY)

., 19 54 that I last saw the deceased that death occurred at 2.30pM, from the causes and on the date stated above. ADDRESS DATE SIGNED LOCATION City, town, or county) CEMETERY OR CREMATORY Rest Land аткл Co., New Jersey Bethesda, Md.

Hours

20. AUTOPSY NO

(State)

(County)

COUNTRY?

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TEB SI 1920

BULEAU V. Z.

	MARYLAND	STATE DEPARTME	ENT OF HEALTH-	-BALTIMORE, 18	0.0012
	2021	CERTIFICAT	TE OF DEATH	H Reg. Dis	st. No. 216
CITY (If out OR and_giv	lontgomery  side corporate limits, wri  re nearest town)  thedda  Resmor S	maryland te RURAL LENGTH OF ST. (in_this place) School School anibarium svenor Lane	STATE	COUNTY///PA corate limits, write RURAL Corate limits, write RURAL CIL rural give location	Agomesey sown)
3. NAME OF DECEASED: (Type or Print	(First) Lydia	(Middle)	(Last) Likins	4. DATE (Month) OF DEATH: Feb	(Day) (Year) 1 19 56
F. SEX.	COLOR OR 7 SING RACE: WIDO White (Spec	OWED, DIVORCED, -	23-1873 9.A		Days Hours Min.
	ng most of working life,	OR INDUSTRY:	Mashington	e or foreign country): 12	COUNTRY?
13 FATHER'S N	AME: Es 7. Will	lens	Hannas	h Weather	be
13. WAS DECEASED E	VER IN U.S. ARMED FORCE	ST   IS. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS:	1

(Yes, per) or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)

(City or town)

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION

PLACE (Home, farm, factory, 21c. WHERE DID

21A ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER)

21E INJURY OCCURRED While Not while 210. TIME (Month) (Day) (Year) (Hour) OF "INJURY

INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

at work at work 22. I hereby certify that I attended the deceased from

, 1956, that I last saw the deceased PM, from the causes and on the date stated above. and that death ADDRESS SIGNATURE DATE SIGNED

M. D CEMETERY OR CREMATORY 23. BURIAL, CREMATION. DATE REMOVAL (SPECIFY)

LOCATION7 (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR

SIGNATURE

FUNERAL DIRECTOR

(County)

20. AUTOPSY?

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(State)

VS. A15 - 10 - 53 PLEASE

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Physicians

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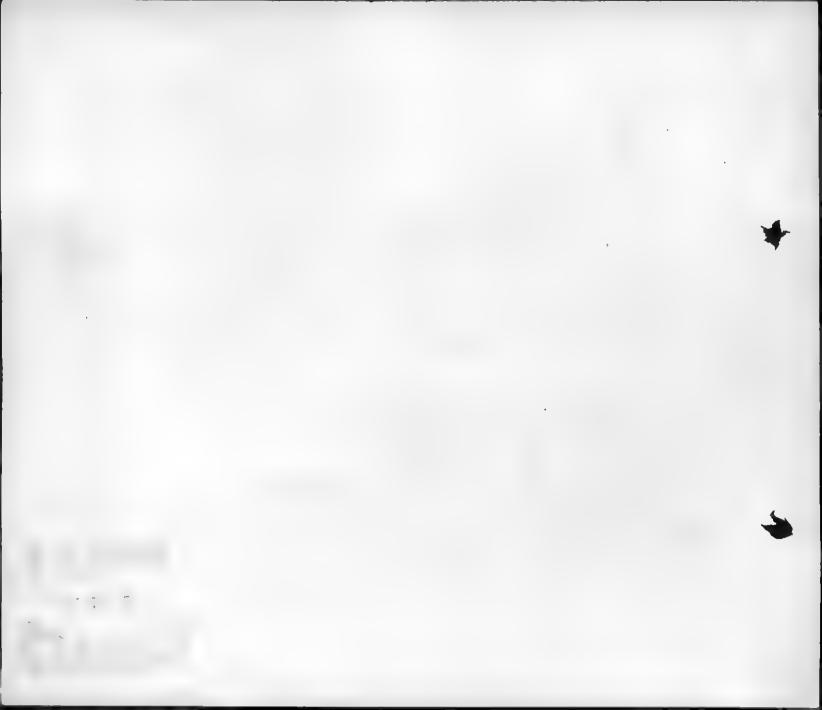
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-10 - 53

VS. A15

#### 02013 TATE DEPARTMENT OF I MARYLAND 2022 Item OF HEALTH-BALTIMORE, 18 STATE DEATH

1	PLACE OF DEATH:	2 USUAL RESIDENCE (HOME) OF DECEASED	*
	COUNTY MONTGOMEN MARYLAND	STATE LO. C. COUNTY	
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town)	CITY(If outside corporate limits, write RURAL ar	nd give nearest town)
17	TOWN Silver Spring (in this place)	TOWN Work matin	
	HOSPITAL OR	STREET (If rural give location)	
	STREET ADDRESS 4810 Georgia Ave	ADDRESS TO 92-1- HT M	11/
	NAME OF (First) (Middle)	(Last) 4. DATE (Month) (D	(Year)
3.	DECEASED:	OF T	C -
5.	(Type or Print) (1)// CS	OF BIRTH 9. AGE last birthday is unous the	7 19 5 G
	M RACE: (WIDOWED) DIVORCED. May 1:	3, /873 82 yrs.   Months   De	Hours Min.
104	USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS work-done during most of working life. OR INDUSTRY: /	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
		10. C.	21 S A.
13.	FATHER'S NAME.	14. MOTHER'S MAIDEN NAME	
	William E. Wise	Unnie Road	
	WAS DECEASED EVER IN U.S ANNED FORCES 16 SOCIAL SECURITY NO.	17/ INFORMANT & ADDRESS: Bellish	da mot-
(Ye	es, no, or unk.) (If Yes, give war or dates of service)	Charles E Wise for 6107 Lin	ances St.
73	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	ONSET AND DEATH
	IMMEDIATE CAUSE (A) LETONIC CO	mantini News ? El Cuil.	142
	ANTECEDENT CAUSE (8)	skell atic heart it want	
	ISEASES OR CONDITIONS, IF ANY, (B)	entis of leternies	7 10/20
	TATING UNDERLYING CAUSE LAST. DUE TO Security	ly and arthropeliros	54.0
	(c)		
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		
19/	DATE OF OPERATION. 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
0			YES NO
OR	CONTRIBUTING CAUSE OF DEATH  EITHER, NOTIFY MEDICAL EXAMINER)  218. PLACE (Home, farm, fact OF INJURY street, office bldg.,	ory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	y) (State)
	TIME (Month) (Day) (Year) (Hour) 21r NJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
20	I hereby certify that I attended the deceased from war	1055 10 1056 1056 11-171-1	ann the dance of
22.		- 4	
	alive on . Fig. / , 1956, and that death occurred at	M, from the causes and on the date s	tated above.
	7. 11. 10. 1	.o. 401 hennedy st 700	Fix & 1051
23	(BURIAL) CREMATION, DATE THEREOF   NAME OF CEMETE	ERY OR GREMATORY   LOCATION (City, town or	county) (State)
	REMOVAL (SPECIFY) 71-11 1951 Mt. Ol	with Washington	n 11,0
-	TATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
R	EGISTRAR	Farmer & Callying 2821-	14 77 11
	2-10-00	MANCES & CARTON DOSI	1-1 00.1(.W.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 The 1912 CERTIFICATE OF DEATH Reg. Dist. No. 445... s, carefull legibly. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY ///Ont gumery STATE MARY ANDCOUNTY MARYLAND CITY (If outside corporate limits, write RUKAL LENGTH OF STAY OR and give nearest town) (in this place) CITY(If outside corporate limits, write RURAL and give nearest and OR information TOWN -TOWN Xoma 25 HOSPITAL OR STREET (If rural give location) clearl INSTITUTION OR **ADDRESS** STREET ADDRESS 1100 (Middle) // (Day) 3. NAME OF (First) (Last) DATE (Month) 4. (Year) death of. DECEASED OF (Type or Print) DEATH: item 6. COLOR OR 17. SINGLE MARRIED. SEX: 8. DATE 9. AGE last birthday IF UNDER I YEAR OF BIRTH: IF UNDER 24 HRS. WIDOWED, DIVORCED. RACE: of Months | Days Hours ! (Specify): MARNIE cave every causes 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT OR INDUSTRY: work done during most of working life. COUNTRY? even if retired): Louse W. BINDIN upply the 13. FATHER'S NAME MOTHER'S MAIDEN NAME 43 ξΩ. 17. INFORMANT & ADDRESS: IS, WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY NO. OR (Yes, no, or unk.) (If Yes, give war or dates Ξ se of service) plea 18. MEDICAL CERTIFICATION ರ INTERVAL BETWEEN MARGIN RESERVED I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH ⋖ (A) IMMEDIATE CAUSE Z Physician DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) WITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE AINLY DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES [ PL especially 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? WRIT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while While OF INJURY at work at work .07 , 1956 that I last saw the deceased 0 22. I hereby certify that I attended the deceased from TYPE 55 and that death occurred at alive on DM, from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED M. D. PLEASE THEREOF 23. BURIAL, CREMATION, DATE NAME OF CEMETERY OR CREMATORY wh. or county) (State) REMOVAL ISPECIFYS amore FUNERAL DIRECTOR REC'D BY/LOCAL SIGNATURE ADDRESS

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

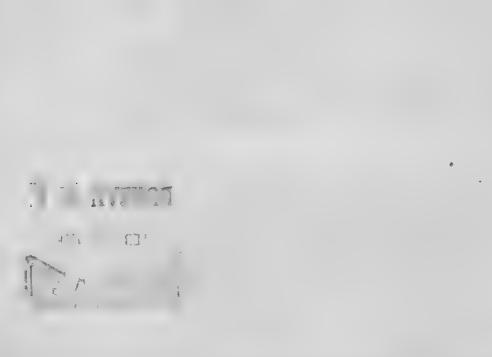
Reg. Dist.

MINDICIAI	TOW A MINITADES	CERTIFICATE	OW	TOTA A FIST	- 7
VIKIDICAL	GX A WHINGR'S	CORTROL KINDAMERU	C ) KC	DEATE	No of

t t	MARYLAND STATE DEPARTMENT OF I	1EALTH—BALTIMURE, 18 Reg. Dist.	
orre	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 2/6	<u>.</u> .
je (	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
F <sub>5</sub>	county Montgomery Maryland	STATE Maryland county Montgomery	
egib	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Chevy Chase  LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest tow OR TOWN Chevy Chase	m)
Page	HOSPITAL OR	STREET (If rural, give location)	
n ca ly ar	INSTITUTION OR STREET ADDRESS 4717 Morgan Drive	ADDRESS 4717 Morgan Drive	- <u></u>
clear	3. NAME OF DECEASED: (First) (Middle)  OF Print) Margaret his koud the	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 7 6 1957	
infordeath	Female White (Specify): Widowed Unknowed		in.
y every item of information carefully. The corrective causes of death clearly and legibly.	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, INDUSTRY: even if retired): Christian Science Praction	er Nova Scotia USA	IIAT
y it	18. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
9.2	Unknown	Unknown	
Supply everife the	(Yes, no. or unk.) / (If Yes, give war or dates of )	17. INFORMANT & ADDRESS: Margaret Boule Moreland - Niece 4717 Morgan Dr. Ch.Ch	e- .Md
UNFADING INK. S Physicians: please w	giving rise to the above cause DUE TO stating underlying cause last (e)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Lower milyteal ONSET AND DE.	
HH.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
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ILY, WITH important.	21s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.		
E PLAINLY, especially imp	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M work □ at work □	21f. HOW DID INJURY OCCUR?	
SE WRITE Page is espe	23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETER	lent [], Suicide [], Homicide [], Undetermined cause  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.  Y OR CREMATORY LOCATION (City, town, or county) (State	ED .
<		Crematory   Prince Georges Md	
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2 17 56 Registrar'S SIGNATURE	Bethesda,"	

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

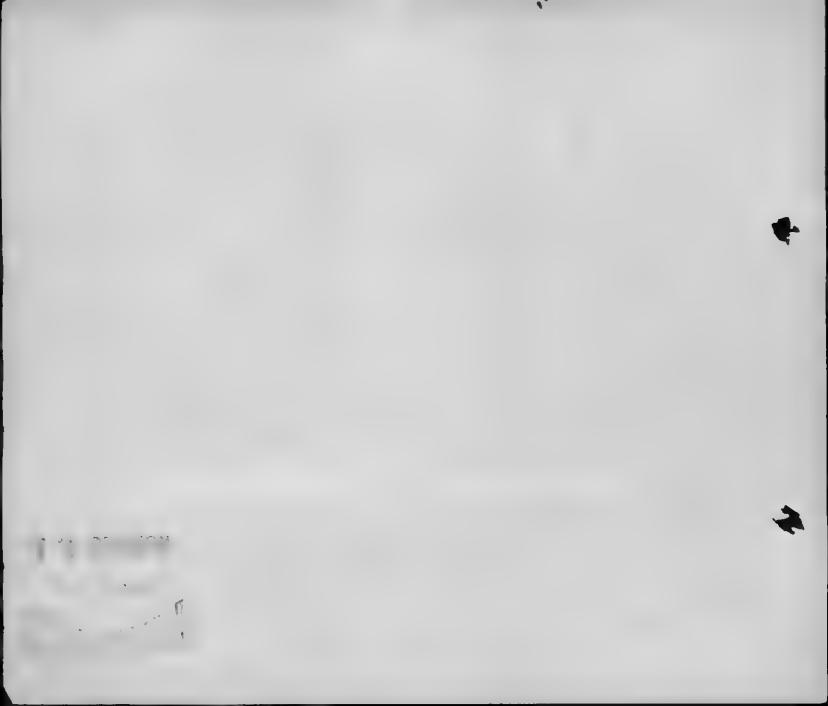
Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	TOTALIST	. 917
EVI PULJA IA	PARVIEW NA 3		UK	I J P. A. I PI	No at 1

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. Z.	1.6
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MARYLAND	STATE Med COUNTY Propily	
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  OR AND CO JEAN OF STAY	CITY (If outside corporate limits write RURAL and give near OR TOWN Selven Append (Ruran	est town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Closey M)	STREET ADDRESS R. 4. (If fural, give location)	1
3. NAME OF DECEASED: (First) (Middle) (Type or Print) William Pliver Wor	(Last) 4. DATE (Month) (Day) (Year OF DEATH Fel 2 ( 19	/
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): Ameli	E OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UN Months Days Hour	
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of work life, even if retired):		Y 7
18. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	-
Jame 7. Woodward	Mary E. Spenier	
15. Was Deceased Ever In U.S. Armed Forces? (Yes. ho, or unk.) (If Yes, give war or dates of scruice)	17. INFORMANT & ADDRESS: R. M. Worden (brother) Service as	·2
18. MEDIC I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH;	AL CERTIFICATION INTERVAL	BETWEEN ND DEATH
Immediate cause  DUE TO  Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)	overnand n	₩
H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20- AU	OPSY?
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bidg., etc. CAUSE OF DEATH.		e)
21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF While at Not while INJURY M. While at work ☐ at work ☐	211. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes Q, Accisionature  Signature  Broathat	dent [], Suicide [], Homicide [], Undetermined	ause [].
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county)	(State)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53



2. USUAL RESIDENCE (HOME) OF DECEASED:

MARGIN RESERVED FOR BINDING

I. PLACE OF DEATH:

VS. A15-10-53

CITY (If outside corporate limits, write RURAL, LENGTH OF STAY)		YLANG COUNTY		
OR and give nearest town) (in this place)	OR CITYIII outside	corporate limits, write	e RURAL and	give nearest town
X TOWN Bethesda	TOWN BE	ethesda		×
HOSPITAL OR	STREET	(If rural giv	e location)	1
STREET ADDRESS 8708 Melwood Road	ADDRESS	8708 Melwo	od Road	1
	asti	4. DATE (Mon		, — - m - 1
(Type or Print) VLRNA M WR	IGHT	OF DEATH:	Feb. 5	19 56
Female   6. COLOR OR   7. SINGLE. MARRIED.   6. DATE O WIDOWED, DIVORCED.   9-3-18		9. AGE last birthday	Months Days	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Housewife	II. BIRTHPLACE Indian	(State or foreign count	CO	IZEN OF WHAT
	14. MOTHER'S M			
James S. Whitley				Anderson
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 14. SOCIAL SECURITY NO.	17. INFORMANT	a ADDRESS: Mrs	.Mary A	.Harper
(Yes, no. or unk.) (if Yes, give war or dates None	Daughter-8	708 Melwoo	d Rd.Be	eth Mä
18. MEDICAL CERTIFICATIO	N		\$N	TERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4			NSET AND DEATH
444dX	/	_ / /		
				~ /
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ANTECEDENT CAUSE (8)  IMMEDIATE CAUSE (8)  OUE TO WITH FER	minal ur	- renal di	52054	5 days
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BECEINED

BUREAU V. S.

age

correct

PLEASE TYPE

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MARYLAND STATE DEPARTMENT		2
2026 CERTIFICATE	OF DEATH Reg. Dist. 1	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland	
COUNTY / MARYLAND CITY (If outside corporate limits, write RURAL, LENGTH OF STAY)	CITY(If outside corporate limits, write RURAL and	
OR and sive nearest town) TOWN Nensylng Lon	OR Kensington	X X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10106 Summit Ave.	STREET (If rural give location) ADDRESS 10106 Summit Ave.	7
3. NAME OF (First) (Middle)  DECEASED: (Type or Print) Florida Inez Yokum	(Last) 4. DATE (Month) (Day OF DEATH: Febru	(Year) 956 ary 128,
female white single Married 8. DATE WIDOWED, DIVORCED 10/28	69 9. AGE last birthday If UNDER I VEA	
NOA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS work done during most of working life. OR INDUSTRY:  "Retired: Judd & Detweiler"	Florida	TIZEN OF WHAT
James J. Yokum	14. MOTHER'S MAIDEN NAME:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. W.C. Yokum niece	
18. MEDICAL GERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN
IMMEDIATE CAUSE (A) My -C	andial Infanction, acute	12 lus.
ANTECEDENT CAUSE (S)	1.1	10
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	osclerosis, generalised	Toyrs.
(c) and es	sential Hypertension	10415+
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	/	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	4	20, AUTOPSY7
		YES NO Z
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCU <del>R!</del>	(State)
OF INJURY  OF Work  M.   21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1947, to Feb 27, 1956, that I last s	aw the deceased
Therest VIRAL	D. 3921 Momes S. h.W. 2.	ated above. SIGNED
23. BURIAL, CREMATION, DATE THIRTOF NAME OF CEMETE BEMOVAL (SPECIFY) 2/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	ERY OR CREMATORY   LOCATION (City, town, or or	ounty) (State)

23. BURIAL, CI REMOVAL O BUTIAL 1 3/1/50 1 Grenwood Cemetery wasnington, D.C. DATE REC'D BY LOCAL REGISTRAR 56 2901 14th St. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

BUREAU V. S.